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## ORIGINAL DEPARTMENT.

### LECTURE.

### ON HYGIENIC THERAPEUTICS.

A CLINICAL LECTURE BY DR. DUJARDIN-BEAUMETZ,

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(*Concluded from page* 164.)

The precepts of this school were altogether hygienic. Numerous translations have been made of this famous medical doggerel. The most remarkable, certainly, is this which I here show you, and which was published in 1661, by Dufour de la Crespeliere. Like the original, this translation is in verse.

Our medical confrere was a wag something after the style of Rabelais, and the modern epithet of *naturalistic* is applicable to his verses. [Several couplets quoted by the lecturer are omitted as being untranslatable into English.]

Then for a long period of time nothing more was heard about therapeutic hygiene; but few men in the practice of medicine were hardy enough to oppose the gross empiricism which then directed the art of healing. Among the independent spirits of that epoch we see Mercurialis rehearsing all the advantages which the ancients derived from gymnastics, and Cornaro, in his celebrated work on the Art of Attaining Long Life, showing the benefits which, as promoting longevity, flow from sobriety and a careful regimen. Sanctorius also by his remarkable experiments on himself brought into clear light the important role which in the functions of the economy belongs to cutaneous transpiration.

But all these attempts proved barren of fruitful results, and medical practice continued to follow the path mapped out for it by the chemiatric and iatro-mechanical notions of that epoch. The greatest abuse was made of drugs, and the aphorism in all its rigor was applied to the treatment of the sick: "To grave disorders belong powerful remedies." As proof of this, you have only to glance over that curious journal "Of the Health of Louis XIV.," kept from 1647 to 1711 by the three physicians-in-chief of his majesty, Vallo, Daquin, and Fagon, and you can but notice the innumerable quantity of purgings, lavements, bleedings, and drug-dosings, which this monarch was made to endure. We find here a complete justification of the ridicule of Molière, and the medicine bills of the apothecary Fleurant are mere bagatelles in comparison with the extravagant drugging which was then practiced in the chambers of our kings.

The first effective opposition made against the abuse of drugs is to be credited to the English physicians. Sydenham, in calling back his contemporaries to observation and experience, in showing the influence of atmospheric conditions on the production of epidemics, gave to medicine an impulse favorable to the study of hygiene. Gideon Harvey, a descendant of the discoverer of the circulation of the blood, and physician to Charles II. and William III., pushed to the utmost length his abhorrence of the extravagant dosing of that period, and he boldly advocated the substitution of the culinary art for pharmaceutical measures in their treatment of diseases.

These views received support in Germany in the eighteenth century from Stahl, who following the teachings of Sydenham and

Harvey, maintained that as a great number of diseases undergo a normal evolution towards recovery, attention to hygiene alone suffices for their cure, and in a work dated 1730, and having for its title "The Art of Healing by Expectancy" he sets forth his views on this subject. Cheyne, in France, a Jansenist physician, Dean of the Faculty, adopted the views of Harvey and Sydenham. He combated especially alimentary excesses, and endeavored to show that most diseases depend on abuses of eating and drinking. He therefore recommended severe dieting, a vegetable diet and milk; and he published in 1724 a treatise on hygiene applied to therapeutics which had for its title "*De Infirmorum Sanitate Tuenda Vitaque Producenda.*"

But all these writings of the eighteenth century have almost passed into oblivion, and we have to come down to our own times to see a revival of hygienic therapeutics. Three men were the chief promoters of this reformation: Ribes, Fonssagrives, and Bouchardat.

Ribes, professor of the school at Montpellier, in a volume which may still be consulted with advantage, established the basis of hygienic therapeutics.

Fonssagrives continued the work of Ribes, and in numerous treatises on hygiene, and in particular in his treatise on alimentary hygiene, he showed what may be accomplished by regimen as a therapeutic means.

Finally, my regretted master, Bouchardat, whose recent death is such a loss to the medical profession of France, in all his writings has urged the importance of hygienic therapeutics, and I cannot do better in this connection than quote the following sentences which terminate an article on the subject:

"I have experienced two distinct phases in my career as a medical practitioner. I devoted a part of my younger days to pharmaceutical therapeutics, and my riper years to original researches on hygienic therapeutics. Young physicians will find, as I have done, as they advance in years, that pharmaceutical therapeutics does not keep all its promises, and they will have more and more faith in a sage reliance on hygienic modifiers." No more just remark could have been made.

Hygienic therapeutics is then that part of medical science which has for its object the employment of hygienic modifiers in the treatment of diseases, and the regulation of the conditions thereof in such a way as to lead with the greatest possible speed and certainty to the recovery of the health. Formerly to this aggregate of means the name *dietetics* was given, but the use of this word is now restricted to alimentary hygiene.

This definition, which I borrow from Bouchardat, seems to me an excellent one. It enables us to establish the limits of hygienic therapeutics. In fact, if we were to include under the term hygienic therapeutics all the means proper for the maintenance of health, we should have to make the word synonymous with hygiene itself; but we are here concerned with the sick man and not with the well man, and we have to limit the significance of the term to all such measures, daawn from hygiene, as are applicable to the treatment of disease. We must also exclude from our definition everything comprehended under the definition of *prophylactic treatment*, a kind of treatment which is absolutely hygienic, but which is addressed to persons that are well, for hygienic therapeutics includes only such hygienic means as are calculated to combat disease and restore health.

I shall leave then to one side everything which concerns international hygiene, boards of health, quarantines, civic hygiene, etc., in a word, all those measures which play a considerable part in the prophylaxis of contagious and infectious diseases, but have nothing to do with therapeutic hygiene properly so-called.

It will not do, however, to confound expectant medicine, or expectancy, with hygienic therapeutics. Expectant medicine is a negation; it is showing respect to the normal tendencies of disease and letting it alone, while hygienic therapeutics essays to act energetically and surely in the treatment of diseases, and we may say that there exists a great number of affections in which the whole treatment is summed up in a well directed hygiene. See how it is in certain affections of the stomach, and in particular in ulcer of the stomach, in which milk diet is the only curative agent. Glycosuria can hardly be treated except by a judicious alimentary regimen and by muscular exercise, and in albuminuria it can scarcely be said that we have any effective remedial agency but regimen. The therapeutics of early infancy is in great part hygienic, and in the case of these frail and delicate little beings, disease generally results from infractions of the rules of hygiene, and finds its remedy only in means that are, properly speaking, physiological.

Moreover, the valuable discoveries of Pasteur, and those still more recent of my friend Armand Gautier, give to this question of hy-

gienic therapeutics a vital importance. In showing us the living nature of contagium in virulent and infectious diseases, in demonstrating the presence of morbid germs in the air which we breathe and in the water which we drink, Pasteur has given us a striking proof of the necessity of hygiene in opposing these communicable diseases.

If the microbiotic doctrines have overthrown many theories connected with therapeutics, they have on the other hand demonstrated the utility of hygienic practices. It is above all in modifying the culture medium, and in rendering it unfit for the development of microbes, that we are able to combat a great number of diseases. See, for example, how it is with phthisis: its contagiousness is admitted by all; Koch has even shown us the cause of this contagiousness. We know the energetic resistance which the tubercle bacillus presents to antiseptic agents; we know, too, that in our hospital wards we are surrounded by the micro-organisms of tubercle. How is it that we resist their invasion? Because our organisms constitute for them a soil unfit for the culture of these proto-organisms, and hygiene is one of the most powerful means for the creation of such refractory media.

The doctrines of Bouchard and Gautier show also the importance of the question with which we are concerned. The living cell secretes at each moment toxic products which the economy has to eliminate by its different emunctories. The rôle of the hygienist is here marked out; it is his duty to favor the physiological functions of these different emunctories, so as to oppose the retention of these morbid products.

Do not think, gentlemen, that I advocate following an exclusive course, and that I would abandon pharmaceutical means in the treatment of disease. I believe more than ever in the utility of medicines.

But I am convinced also that physicians are too apt to forget that by the side of these active medicinal agents there are other agencies of equal efficacy, which are entirely borrowed from hygiene. It is to the sum of these means that I desire to call your attention, and I hope to show you in the course of these lectures the utility of the subject of which I propose to treat.

For the accomplishment of our task, two methods are open to us. According to one plan we might take up in their order the diseases of the different systems of the economy, then pass in review the hygienic agents proper in the treatment of these diseases. We should study in this way successively the hygiene of diseases of the heart, of diseases of the lungs, of the stomach, etc. The other plan consists in examining separately each of the great hygienic agencies—alimentation, aeration, exercise, etc.—and investigating the rôle which belongs to each of these in the treatment of diseases. It is this last method which I have adopted. It enables one, in fact, to study in a general manner the physiological rôle of each of these great hygienic agencies, and derive therefrom practical clinical applications.

In the next lecture I propose to take up alimentation and its application to the treatment of diseases.

## COMMUNICATIONS.

### ON THE PATHOLOGY OF SURGICAL INFECTION AND THE VALUE OF ANTISEPSIS.

BY A. H. P. LEUF, M. D.,
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(*Continued from page* 169.)

The views of Brehmer* are here worthy of consideration. After painstaking clinical observations and post mortem studies, he concluded that it was the rule for those who died of phthisis to have been predisposed to it; that the predisposition was mainly due to anatomical causes; and that these causes could be mitigated or entirely eradicated. His views were announced to the profession of Germany, and received with incredulity and much adverse criticism. The opposition came from the most eminent. He challenged their right to denounce his views without a special experience equal to his own, and agreed to re-open the discussion on a proper basis with any competent person who would go to Vienna and make the studies that he had. He predicted that all who did so would find his facts correct, and the facts once admitted, his own views were the logical deductions. He claimed, in brief, a certain normal relative size between the heart and lungs. In nearly all cases dead of phthisis, he found the proportion between these organs widened. Either the heart was preternaturally small, or the lungs were abnormally large, or both conditions coëxisted in the same individual. He reasoned that when the proportion between these two organs became too wide, the heart was incompetent to properly supply the breathing

*Die Ætiologie der Chronischen Lungenschwindsucht, Berlin, 1885.

apparatus with blood. If this did not show itself in childhood, it did at puberty, and was accompanied by palpitations, dyspnœa after very moderate exercise, loss of appetite, and, naturally, a disinclination for physical work. This caused a natural tendency to increase the trouble by promoting the avoidance of physical exertion, and compelling the growth of sedentary habits. Malnutrition of the lungs due to an inefficient heart, were the anatomical factors that generally predisposed people to phthisis. Lungs whose mobility becomes restricted, either by pleuritic adhesions, or by fixation of the chest walls due to calcification of the costal cartilages, have a diminished blood supply, and consequently lessened nutrition.

The observations of Koch,* and his deductions, almost completely obscured these determinations of Brehmer, and even yet constitute a barrier to their being generally known. The claims of Brehmer, however, were in time acknowledged by the very men who at first so strenuously opposed them. Some of these gentlemen pursued the studies he had invited them to make at Vienna, and with the result of becoming converted to his views, as he had predicted they would.† The facts as he stated them could not be denied. His deductions were logical and correct. So far as I am aware, no man to-day thoroughly qualified from personal experience to speak on the subject upholds a contrary view.

Curiously enough, Koch himself has been the means of strengthening Brehmer's theory. Of the former of a number of experiments on animals, in which he made intra-thoracic injections of tubercle bacilli, some lived despite this treatment, and upon being killed after many weeks, showed very circumscribed miliary tubercles at the seat of the former injections. The reasons for these exceptions were not satisfactorily inquired into, so that it cannot positively be claimed that all those that escaped general infection had a superior pulmonary nutrition. The exception, however, can only be explained on the supposition that there was too much resisting power to permit the spread of the injected colony of bacilli; in other words, there was no predisposition. Given a patient so predisposed, and barring all accidental interferences, and he will die by his lungs. Given the same patient under good circumstances, and in fair conditions, and tubercle bacilli will be impotent in their influence. Given the same patient again, but under disadvantageous circumstances, even in poor health, and the bacilli may be said to be potent for evil, but whether there be any of these organisms or not, the lungs will fail anyway unless the sufferer's conditions are rapidly bettered. On these grounds it seems fair to say that the tubercle bacillus is not the dread microbe it is represented to be.*

It has now become the fashion to ascribe all deaths in surgical cases accompanied by fever as due to germs or micro-organisms. The majority of believers in this doctrine have no definite basis for their convictions. Having been taught to so view the matter, they adopt the opinion of their teachers, and seek to impart them to others by precept and example. That extreme antisepticism would never have reached its present status if all men were their own judges, I have made it my business to prove. At the present day we smile, amused at the extremism of a few generations ago, when phlebotomy was so universal, and even now, advanced thought based on better facts is forcing the so-called antisepticist to leave his self-constructed pedestal, or be consigned to the position of his recent sanguineous predecessors. It is very common to hear all ailments ascribed to the activity of "disease germs." Let the surgeon of the day, the one in fashion I mean, operate upon a patient

*Appearing mainly in the Deutsche Medicinische Wochenschrift and Berliner Klinische Wochenschrift in the early eighties, besides some other journals and monographs. He even himself says that "un dennoch einige schwer oder gar nicht zu dentende Katsachen da bleiben, welche uns zwingen, vorläufig die Annahme einer Disposition bestehen zu lassen." He consequently confesses that he is *compelled* to admit the weighty indications of the necessity for predisposition in the development of tuberculosis.

†One of the most prominent of these converted opponents was Beneke, who, although he had mercilessly criticised Brehmer, and denounced his views as entirely too one-sided, after a sojourn of some time in Vienna, whither he had gone as Saul, says Brehmer, and returned as Paul, wrote a book entitled "Die anatomischen Grundlagen der Constitutions-Anomalien des Menschen." Herein he admits his former errors, and joins hands with Brehmer.

*Pütz, "On the Relation of Tuberculosis of man to Tuberculosis of Animals," etc., 1883, relates a number of experiences that demonstrate the necessity of predisposition. On page 30 he mentions how he injected 12 c.c. of tuberculous matter, expressed from still warm tuberculous human lung, into the abdominal wall and cavity of a ten months' calf. Ten weeks after the injection, the animal meanwhile not having had a single local or constitutional symptom, was killed and showed a connective tissue induration at the seat of injection. The peritoneal surfaces were perfectly normal in every way. Nowhere were there found any evidences of tubercles or tubercle bacilli, though they were zealously searched for. Four c.c. of the same fluid was injected directly into the substance of the right lung of a one-year-old foal on the same day. There was fever with increased pulse beat and respirations for about four weeks. A few days later the foal was killed, and scar tissue and tubercles found at the seat of injection and a little beyond. Yet not a vestige of tubercle bacilli could be anywhere discovered, even after the most diligent search. These are two sample cases. Others might be cited in which similar injections were followed by more or less formation of tubercles and tubercle bacilli, but the bacilli were found in large quantity mingled with micrococci or other bacteria, thus negativing Koch's assertion that the true bacillus tubercle was not found with micrococci, or showing that the bacilli found were not those of tuberculosis. However this may be, the conclusion either way would be more or less damaging to the views of K., and supportive of those of Brehmer.

and the end be fatal, and the only conception his mind seems capable of is that it was a case of "too much germs." If the patient gets well, it is because the germs were excluded from the wound by protective dressing. When, however, a skeptical brother comes along with a successful case in spite of germs, and with no preventive dressing, the cry is, that God had helped the patient! It seems almost impossible for a man once wedded to this idea, to ever divorce himself from it to impartially consider the question. Judging from the prompt acceptance and spread of antisepticism, without consideration by those adopting it, the cause would seem to be a special mental microbe.

The patient himself does not receive the proportion of attention he deserves. A patient at hand sufficiently diseased or injured to excuse surgical interference, is operated upon as soon as is convenient for the surgeon, and when all antiseptic preparations are completed. It is the rule to ignore the preparation of the sufferer for the coming strain upon his vitality.

The questions arise: What is antisepsis? Why is it used? What is its value? When and how should it be employed?

Antisepsis may be stated to be, *The prevention of contact between open tissues and living disease germs.**

The object of this antisepsis is to prevent this contact, on the supposition that it generally results in a more or less dangerous constitutional disturbance of the patient, and is quite often followed by fatal results. This operators accomplish or seek to accomplish by continuously spraying or douching the wound and cleansing of the neighboring parts and their own hands and implements with antiseptic solutions of various kinds, and an antiseptically hermetic sealing of the wound till union is effected.

If now we take any wound with coaptated walls, we expect to get primary union under certain conditions. These consist essentially of

*a.* Absence of all foreign matter.
*b.* Perfect coaptation of the surfaces.
*c.* The maintenance of perfect coaptation.
*d.* A certain degree of local tonicity; and,
*e.* A certain degree of general tonicity.

The first condition is the one upon which the antisepticists base their *theory*. They claim that various microscopic bodies are capable of insinuating themselves through the wounded surface and into the tissues, there to multiply and be spread broadcast all over the body, to breed those symptoms which are invariably produced by their presence if in sufficient number. To obviate this, they have discovered many substances that will poison or intoxicate these little bodies so as to make them harmless, and this, they claim, without damaging the patient. Dolly,* in his recent work, gives an account of over fifty varieties of microbes supposed to produce as many different diseases. His list is not greater, he informs us, because he did not want his book to assume larger proportions, and not because there were no more to add.

If these little germs were the producers of certain diseases, these diseases should not exist in cases where perfect precautions had been taken to destroy them. The claim is that certain bacteria produce a fatal or almost fatal rise of temperature after surgical operations, and that such thermal elevations are never due to any other cause. Given, then, a large wound and perfect antisepticism, as regards spraying, douching, and subsequent dressing, with many layers of antiseptic gauze, and it is utterly impossible for the patient to get the symptoms supposed to be produced by the special pathogenic microbe. Should, however, such symptoms fully appear in defiance of perfect precautions, then the supposition that the disease is caused by microbes is demonstrated to be a fallacy.

A characteristic microbe has been found in diphtheritic membranes. Hence, microbists have concluded that this body is the cause of this disease. A certain solution of mercuric chloride was found to be sufficiently strong to destroy them. A woman in childbed had her vagina and cervix continually douched with this solution of ample germicidal strength, and in spite of this there formed in that vagina a typical diphtheritic membrane. This membrane was a perfect cast of the canal from which it came. Here is one negative experience with no chance for error, and it demonstrates conclusively that the characteristic microbe is not the causative element in the formation of this membrane or of this disease. In a question of this kind, one negative experience, if without error, is logically as effective a refutation of a theory as are thousands.†

*The reader is urgently requested to bear in mind the *exact* meaning conveyed by the definition.

*Technology of Bacteria Investigation, 1886.

†This conclusion has been objected to because it was alleged the bichloride solution would coagulate the albuminous constituents on the surface of the vaginal mucus and protect the remainder underneath from any further action of the fluid. The same individual accounted for the success of the hot douche employed by Dr. Varich, of Jersey City, and others, by its power of killing germs. When confronted with the two statements, he explained that the hot water's action extended deeper than that of the bichloride. Now

The well authenticated fact that some septic and other so-called infectious diseases diminish in proportion as higher altitudes are attained, and at the same time a proportionate decrease of germs is also observed, has led to the claim that the diminution in the frequency of the disease was due to the lesser amount of germs. It is, however, equally as rational, in fact more so in our present state of knowledge, to assume that one and the same cause lessens both the disease and the microbes. They do not bear to each other the relation of cause and effect, but are rather both the effects of a third etiological factor.

To enumerate the many failures of perfect antiseptic precautions in preventing so-called septic fever is not necessary. Very likely every man present has had personal experience of such failures. Many have been reported from all parts of the world where antiseptic surgery is practised, and that too by the most ardent disciples of Lister. In fact, Lister has himself reported such failures, and at the International Congress that met in London, he confessed that it was his conviction that patients under his care had been poisoned to death by the rigid application of his principles. When the impetus a new and striking idea receives is sufficient to cause the death of the ones committed to the care of those who support and apply these principles, it may be safely called an extremism—a dangerous extremism. It is this wholesale running away with men's minds that I would contend against this evening. Whoever has witnessed without bias an operation under rigid antisepticism, and has carefully observed the mental attitude of the principal surgeon and his assistant staff, could not help being impressed with the singleness of purpose and the narrowness of view of this same chief operator during the operation, although otherwise a man of superior mind. This warping of better minds is dangerous.

Having noted in a brief manner that perfect antisepticism frequently is ineffectual in preventing the conditions supposed to be produced by the germs that it is intended to cut off from entrance to the wound, it is proper to turn to that class of cases which make typical recoveries without any so-called antiseptic precautions. I will cite a few striking instances as examples.

Five puerperal cases of Dr. Josephine A. Dufré are instructive. The first, third and fifth died with high temperature, and all the accompanying symptoms of septic infection, although every possible precaution was taken against sepsis, such as baths, change of cloths, and the non-attendance of contagious or infectious diseases. The second and fourth recovered with a clear history, although no precautions whatever had been taken to avert sepsis, and the doctor was even in daily attendance on a case of erysipelas. These facts go without comment.

Dr. E. H. Bartley informs me of the case of a pregnant woman daily expecting the birth of an offspring, who was in constant attendance upon one of her children very sick with scarlatinal diphtheria. In the midst of her nursing of this child, she took to bed and was delivered by Dr. Bartley, who treated her and the scarlatinal child together without the mother developing a bad symptom, and this without any antiseptic prophylaxis. This case, too, goes without comment.

Another instance I would mention is one that occurred in the practice of Dr. W. J. Brandt. He was attending a case of malignant erysipelas, of whose malignancy there could have been no doubt, as the patient died. While handling and dressing the erysipelatous part, he was hastily summoned to a case of abortion, in which he delivered with the same hand that had been employed on the previous case; and although he had in his hurry forgotten to wash or even rinse his hands, the abortion patient recovered without a bad symptom. This case, also, goes without comment.

Dr. Chas. Jewett's case of diphtheritic vaginal cast at the Long Island College Hospital has already been alluded to, and does not require reiteration or comment.

Our President, Dr. Benj. F. Westbrook, who, during the first eight years of his practice, did a great deal of work as a practical pathologist and anatomist, and without taking anything like the present extraordinary precautions against infection, attended a large number of obstetric cases, and of all these does not recall a single instance of septic fever—so-called. Since dropping his anatomical and pathological work for the purpose of giving all his attention to the heart and organs of respiration, he attended some more confinements, and from among this number he does recall several with marked hyper-pyrexia. Comment is not required.

Dr. A. Warner Shepard, who for the last

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the bichloride in a sol. of 1-1000 or 1-2000 will make no appreciable difference in the albuminous constituents of vaginal mucus. Its effect in the vagina as regards the secretion is like water, *i. e.*, it dilutes and washes out the mucus, leaving the membrane freely exposed and rough to the touch. So that it *is* proven by the above-mentioned case and other similar ones that a diphtheritic membrane forms without the agency of germs.

twenty years has *constantly* been making very many post-mortem examinations on all kinds of cases, and who *never* employed antiseptics in either his obstetrical or surgical practice, both of which have been very extensive, hardly recalls a failure of primary union or more than a slight reactionary fever, except perhaps when such results were epidemic and also occurred under antisepsis.

My former associate, Dr. H. T. Halleck, in a series of minor surgical operations, all without antisepsis, had uniformly successful results as regards the healing by primary union and the absence of fever.

In my own practice (hospital, dispensary, and private), in a period extending over four years and a half, every surgical case, with only four or five exceptions, was so treated as to carefully avoid anything that might be construed as antiseptic. Yet in all these cases, I have still to note my first failure to obtain primary union when it was attempted. The list comprises a number of injuries and operations, from a simple incised wound or amputated prepuce to an excision of the left upper jaw and part of the adjacent bones. I have purposely refrained from detailing any of my cases or tabulating the whole list, because these experiences are very common, and especially so among men who combine post-mortem work with operative surgery. It was the rule in my own cases to operate shortly after having made a post-mortem examination, or after the handling of anatomical material in various states of preservation. Soap and water was the only material employed to cleanse the hands, which, however, did not prevent the usual post-mortem aroma.*

I may here parenthetically remark that the cleansing of the hands from the odor from autopsies is more satisfactorily accomplished by constant rubbing and rinsing in a stream of running water alone than with the additional use of soap. This I suppose to be due to the adherence of the odor being due to its incorporation with the fat of the cadaver, and the difficulty of removing this when additional fat (soap) is added. The plain water seems to float the grease off the hand, and with it the odor. The cleansing is as complete as it can be when the hands feel rough whenever they are rubbed together.

In the service of Dr. Joel W. Hyde, at St. Mary's Female Hospital, it was the custom to give each obstetric patient one or more antiseptic vaginal injections per day after confinement. During this time it was the rule to have a higher and more lasting fever than could be called reactionary. It was peremptorily ordered that all injections should be discontinued, and from that time until the present, while no kind of vaginal injection has been practiced, it has been exceptional to meet fever in the maternity wards. This experience extends over too long a time, and embraces too many cases, to be considered a coincidence. Dr. Bartley also has made the same observation in his private practice—fever with injections, and no fever without injections.*

Lawson Tait, formerly one of the most pronounced advocates of antisepticism, had his (up to that time) wonderful successes triumphantly pointed to as demonstrating the immense advantage of antiseptic surgery. Now, however, after having wholly discarded all antiseptic practices, he exceeds his former successes with an unbroken list of one hundred and twelve unselected cases of ovariotomy and oöphorectomy without a single death. He simply observes cleanliness during the operation besides developing the resisting power of the patient before the strain and maintaining it in the most careful manner afterward until recovery ensues. This is accomplished through the nervous, muscular, and vascular systems and the nutritive apparatus. So important does he consider the condition of the nervous system that the personal acceptability of the nurse to the patient shall be as complete and pleasant as possible. I have elsewhere already insisted upon the necessity of having the nurse acceptable to the patient.† Whatever contributes to the ease, comfort, and pleasure of the patient at the expense of what is hard,

*Absorption must almost of necessity be as easy from a simple incised wound having, say, an extent of surface equal to one or two square inches, as one ten or twenty times as large. If germs cause fever, they should be practically as effective on a small surface as on a large one. They are capable of multiplying. The question is one of absorption and a struggle between cells and germs. Now whether the surface be large or small, the proportion of germs active in a given area remains the same. The trouble at first is purely local between the germs and cells. If the cells cannot overcome the germs, the latter are supposed to overcome the former, and it is only after winning in this local battle that the dread microbes can enter the system to spread havoc. This is the platform of the microbist. It is not irrational. It is the intermediate and conciliatory view. This all being accepted, the question of great interest is, why should minor surgical cases and small wounds not give rise to septic trouble and refuse to heal promptly, as do a larger proportion of major cases? Germs do not explain it. The condition of the patient does. Major cases are more devitalizing, and diminish more the resisting power and leave less for local tonicity.

*I would in this connection call attention to a paper by Dr. Hiram Corson, of Pennsylvania, appearing in the *N. Y. Medical Journal* of May 15, 1886. Besides being written in a masterly manner, it contains the fifty years' experience of a venerable practitioner and writer, in the treatment of over three thousand cases of labor without antiseptics. He does not recall an instance of puerperal fever, and did not have a single death. The seductive manner in which the paper is written, and its insinuating tone, will hold the attention to the end of any one who begins its perusal.

†The Treatment of Scarlatina—Section II Archives of Pediatrics, Nov., 1885.

uncomfortable, and disagreeable, adds to the general tonicity, adds to the vitality, and increases the resisting power of the patient to an appreciable extent, and just in proportion as what may be called the operative period of the patient is pleasanter and healthier than the preceding period; just in the same proportion is that patient's chance of perfect recovery increased, provided that care has been taken in the proper preparation of the patient.

As has already been stated, very little if any attention is given to the adequate preparation of a subject for operation. Granting that such preparation is made and is ample, it is often counterbalanced by comparative neglect after the operation. Hospital cases generally, do not fare as well as those that are privately treated. The mortality in general hospitals is higher than in private practice for the same procedures. This is claimed to be largely if not altogether a question of infection, but it is not a question of infection. Note the difference in the general run of hospital and private cases. The great majority of the former are such as have poor and defective homes, and are lacking in means to maintain an existence in average health, in spite of hard and persevering labor, or else they have neither home nor means. Privation and suffering is the rule for a great many hospital cases. It is otherwise with those in private practice. The great preponderance of this class have sufficient means to pay for the attendance of the surgeon, the operation, the assistance of others, and for medicine, special diet, and experienced nursing. These people live better. They are better prepared to meet the strain. They receive the greatest attention from their visiting surgeon, who does not hurry with these patients, but hurriedly passes from bed to bed in the hospital wards, relying largely on the resident physician, upon whom the responsibility does not entirely belong, and where it is not assumed. Even resident physicians depend largely upon nurses and they upon one another. I speak now of general hospitals. In special hospitals some things are better than in private practice, while others are not as good. But it is more expensive to get into a special hospital, as a rule, than it is to be treated at home. Only a few if any charity cases are admitted, and even here the distinction is maintained between the patient who pays and the one who does not.

Another point illustrative of the defects in hospital treatment as compared with that in private practice is, that nearly all are fed alike. Take one hundred surgical cases in an hospital. Give each the same kind and quantity of food. More especially is this so in military hospitals on or near the field. One out of this hundred has a stomach that will extract everything available out of the food presented. Another will prove the antithesis of the one just mentioned, and gastro-intestinal irritability, lack of nutrition, loss of strength, and of resisting power will result. Reaction becomes impossible. General and local tonicity, which may have existed at the beginning, gives way to flaccidity, anæmia, hyper-pyrexia, pyogenesis, general disintegration, and death. This is not a question of infection. Bad food is the fundamental causative factor in bringing about such a result.

The old saying that "It never rains but it pours," is exemplified by this illustration, when we bear in mind that most general hospital fare, especially that given to no-pay patients, is not as good as that which even the poorer people provide for themselves. A young salesman or saleswoman from any of our stores, earning enough money to board in a house that is well furnished and provided with good table board, becomes ill or is injured and must be taken to the hospital, and as their slender income is at an end, they are classed as charity patients. Their environments have suddenly, and at the worst possible time, undergone a notable retrogressive change. Will any one refuse to admit the potency of this change in its effect on recovery from any illness, injury, or operation? Add to the poorer environment a diet decidedly inferior, both as regards nutritive value, quantity, and palatability, and we have at once a very depressing factor added to what the patient is already battling against in its tendency to pull down the whole organism. Yet this is a factor that is either not at all considered, or passed over as of no consequence.

*(To be continued.)*

## Medical Societies.

### PHILADELPHIA CLINICAL SOCIETY.

The Vice-President, Dr. Daniel Longaker, in the chair.

**Injury—Abscesses—Syphilis—Amputation.**

Dr. Henry Beates reported the following case: The patient is 29 years of age, by occupation a fresco-painter. He has been perfectly healthy until the present trouble was acquired. Eight years ago he fell from a

scaffolding, fracturing the right thigh and severely contusing the hip. Three years later, after exposure to wet and cold, he suffered from a severe right sciatica, accompanied by marked muscular atrophy, which lasted eleven weeks. The muscles soon acquired their natural size, and after a few months the slight resulting lameness entirely disappeared. About one year from this a swelling appeared in the affected limb just below the gluteo-femoral crease, which spontaneously opened and discharged pus, and two or three small fragments of bone. This was neglected for two years, when occlusion of sinus occurred, resulting from lodgment of an osseous fragment, followed by accumulation of pus, with subjective symptoms, The fragment was removed, with the result of complete healing of the part. He remained well until late in the spring of '85, when he contracted a specific chancre. The constitutional phenomena manifested themselves about six weeks later, in the usual form of angina, fever, mucous patches, and roseola. At the same time an excruciating pain, unaccompanied by redness, swelling, and heat, developed in the right tibial head. This was most severe, and for its relief necessitated large doses of opium. After one week the knee-joint became swollen; this rapidly increased, and involved the leg, the calf soon becoming tense. Free incision through the gastrocnemius evacuated about half a pint of pus, which is presumed to have burrowed way down behind the posterior tibial surface from the orifice in the ligamentum postium. Notwithstanding this free drainage various openings established themselves about the articulation, and it became very evident that the limb was doomed. The patient refused radical measures until spontaneous luxation occurred, and the profound hectic and paroxysms of exhaustion convinced him that death was near. For several weeks the temperature range was between 100° and 102°. There were pronounced chills with profuse sweatings, and the pulse-rate continuously above 120. A huge abscess that fluctuated on the right side of spine, about the junction of upper and middle thirds of thoracic vertebræ, and extending down behind the pelvic fascia into the gluteal region, existed on the opposite side. That this was one large cavity was proven by the fact that pressure upon either the gluteal or spinal prominence occasioned bulging at the other. In September, assisted by Drs. G. Davis, G. Faught, C. Dock, and Mr. Morris, I amputated the limb at the junction of the middle and lower third of femur. The operation was followed by profound shock, from which, after considerable difficulty, reaction was established. The after-treatment occupied several weeks, and embraced, in addition to the anti-syphilitic measures, evacuation of the enormous abscess. This completely healed, and the patient is now apparently well and stouter than ever before. Examining the specimen, we find that the internal and external vasti muscles have been separated from the femur by pus; that on the inner aspect extended along the femur quite a distance. At the time of operation it was thoroughly scraped, and gave no subsequent trouble. The knee-joint is seen to be completely restored. The semi-lunar fibro-cartilages are gone, and even the anterior and posterior crucials. The capsular and lateral ligaments are eroded and perforated in many places, while the transverse and coronary are not seen. Sawing through the femur, joint, and tibia, we find the patella bound down to the condyloid surface of the femur and the tibia greatly diseased. Its head is rarefied and crumbling; slight pressure breaks it down. The process involves the superior tibio-fibular articulation, which also is destroyed.

The medullary cavity of tibia is the seat of purulent deposits throughout its entire length, while externally at the middle of the crest is a ridge of granulation tissue.

A microscopical study of sections prepared by Dr. Henry Formad discloses every evidence of an intense inflammation. The Harveian systems are completely disintegrated in many areas, and in the place of lamellæ with lacunæ and canaliculi, are wide spaces which, in some places, are occupied by leucocytes and blood corpuscles. Complete absorption of Harveian systems is common, while in some areas where osseous structure can still be recognized, the osteoblasts are distended and the canaliculi correspondingly filled. Areas occupied by inflammatory exudate and product manifest a decided tendency toward fusiform connective tissue cell development, which is especially conspicuous about the arteries. These show a pronounced proliferation of connective tissue about their external coat and between the internal and muscular layers. Longitudinal section of the Harveian canals discloses them to be dilated and filled with cells, and where some anastomose there is a marked tendency to absorption of bone tissue.

**Extra-Uterine Pregnancy—Rupture of Sac—Death.**

The report of the following case, with specimen, was sent to Dr. Smith, of Millville, N.J.

"Mrs. ——, æt. 40, one daughter æt. 19, several miscarriages since, about three months pregnant, with no unusual symptoms, was taken with a sudden pain in the uterus, supposed to be uterine colic, to which she had been subject, vomiting a good deal. Had had considerable vomiting of pregnancy. I was called and gave a a hypodermic of morphia; administered bismuth and oxalate of cerium. There was nothing to arouse my suspicion of special mischief. She was lying on the lounge dressed, so I did not examine the abdomen externally. The next day carbolic acid and cardamom relieved the vomiting; bowels not acting, small doses of calomel, followed by enema, produced relief. Entire recovery followed quickly. Twelve days later I was called in haste, at noon. The patient had been sewing all morning, when suddenly she had a spasm of severe pain in the abdomen. She was carried to bed, where I found her almost in collapse; pulse scarcely perceptible, face blanched. Upon stimulation she rallied, and after a careful abdominal examination extra-uterine pregnancy was diagnosticated. She improved during the afternoon, rested quietly in the evening, and died suddenly at five o'clock the next morning.

*Autopsy* thirty-three hours after death. On opening the abdominal cavity we found everything afloat in blood, which being removed, we found the diagnosis verified to the letter. A three months' fœtus developed in left tube, sac ruptured, save the amnion, which is intact. Beyond this the uterus has several fibroid intra-mural tumors."

Dr. Daniel Longaker then reported a case of

**Icterus Neonatorum,**

in which death occurred on the ninth day.

"L., white, was born in my ward, in Philadelphia Lying-in-Charity, after a normal labor. Male sex, and weighed seven pounds at birth. The mother had some milk at the time of delivery, and the secretion soon became abundant. During the first four or five days the child nursed, but at the expiration of that time it did so very imperfectly, and a day or two after it was entirely unable to draw the milk from the over-distended glands. Icterus had, by this time, become general, the entire surface was of a deep yellow hue, as well as the conjunctivæ. The urine was scanty, dark-colored, staining the napkin. The child was constipated, but it had small stools, which retained during this time traces of the meconium. At this time, also, it was observed to have oscillation of the eyeballs with convergent squint. There was also occasional rigidity of the muscles of the back and of the extremities. The fontanelles were all depressed, and the cranial sutures could easily be seen.

The child being unable to nurse was fed upon peptonized milk; stimulants and small doses of calomel were administered. There no difficulty in swallowing. It slept but little.

The case was regarded, from the first, as of more serious nature than an ordinary case of jaundice in the new-born. Death on the ninth day.

*Autopsy* ten hours after death. Rigor mortis. The entire surface was of a deep yellow color. No evidence of peritonitis. Nothing abnormal in the fœtal vessels. The vicinity of the duodenal orifice of the common duct had no mark of bile. An attempt to inflate it was unsuccessful, but later, with some perseverance, I succeeded in passing a small bristle from the duodenum through the common into the hepatic duct. The gall bladder was apparently distended."

MARY WILLITS, M. D.,
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## NEW YORK NEUROLOGICAL SOCIETY.

Meeting of May 4, 1886.

C. L. Dana, M. D., President-elect, in the chair.

**Address of the Retiring President.**

The address of the retiring President, Dr. W. R. Birdsall, absent through sickness, was read by the Secretary, Dr. Geo. W. Jacoby. Dr. Birdsall reviewed the work of the society for the year, and expressed satisfaction at the number and quality of the scientific contributions and the interest which they had awakened, at the increased attendance on the meetings, and at the harmony which had prevailed in their counsels. He had not shared the fears of those who had believed that the organization of a section in neurology in the New York Academy of Medicine would have a detrimental effect upon the activities of this society. The year's work had shown that such fears were not well founded; that this city could support two societies in neurological research without the one detracting from the merits of the other. Both societies had thrived, and the one over which he had had the honor to preside had been able to receive only one-half the number of papers offered. Dr. Birdsall thanked the society for the honor which it had conferred upon him, and expressed regrets that unavoidable absence

deprived him of the pleasure of introducing the President-elect.

**Inaugural Address.**

Dr. C. L. Dana, the President-elect, recommended to the society that it consider the question of abolishing the custom of having either a retiring or a formal inaugural address, unless these be made the means of presenting some scientific question. The suggestion might also be made whether it would not be wise to limit the membership of the society, or else to establish some qualifications for membership. Dr. Dana said he would call the attention of the members to a large gap which existed in our knowledge of the etiology of nervous diseases, and to the need of closer examination into this branch of that specialty. At present, our knowledge of the etiology of nervous diseases (leaving out poisons) might almost be summed up in three words: heredity, syphilis, and rheumatism. Was it not possible that neurologists had neglected to apply the ideas with regard to micro-organisms and infection which were now dominating in pathology? It was true, however, that Leyden had found a micro-organism in cerebro-spinal meningitis, Resenbach the bacillus of tetanus, and Strumpell had urged the view that acute anterior polio-myelitis was an infectious disease, etc.; yet these points were not solidly established, and the relation of infectious poisons or parasites to nervous diseases deserved closer study. It had seemed to him that many cases of the chorea of Sydenham were really infectious in origin. He would also call attention to the possibility of a parasite being at the root of some of the neuro-degenerative disorders, such as ophthalmoplegia externa, bulbar paralysis, and progressive muscular atrophy. The necrobrotic process which took place in these disorders was often so steadily and frightfully progressive, so nearly malignant in its fatal course as to suggest some active agency behind it.

**History of a Case of Primary Labio-glosso-pharyngeal Paralysis.**

Dr. E. D. Fisher presented a patient whose history was as follows: Mrs. H., æt. 43, has always enjoyed good health up to July, 1885. At this time she lost her eldest son, who was accidentally drowned. She was much affected by the loss, and was constantly crying and calling for her son. The following September she first noticed some difficulty of speech and inability to move her tongue freely, with also some difficulty in swallowing. Dr. Fisher saw the patient for the first time in February. She then presented the following symptoms: Inability to protrude the tongue beyond the teeth, to form the lips so as to whistle or blow, the lower lip being down, and the saliva ran freely from her mouth. The lower part of her face was expressionless. No loss of power of the upper muscles of the face. The patient was unable to pronounce linguals or labials, and also, as the palate was partially paralyzed, was unable to pronounce the explosives: all her tones were decidedly nasal. Her food had to be pushed with her hand to the back of her mouth, when with difficulty it was smallowed. There was no tendency for liquids to return through the nose, but they would come out of the mouth. There was no loss of sensation or taste.

The faradic current was somewhat decreased in reaction, but there was no reaction of degeneration to the galvanic current.

These symptoms have all increased since first seeing the patient, and she has lost about twenty pounds in weight. There are no signs of paralysis of the upper extremities; the disease is located entirely in the bulbar nuclei.

The interest of the case lies in the fact that the cause can be clearly traced to the excessive grief at her loss.

Dr. Fisher suggested that in the discussion of the case by the society, recognizing the lesion as seated in the fourth ventricle, involving the hypoglossal, facial, vagus, and glosso-pharyngeal, the question of the situation of the facial muscles be taken up. Clarke has mentioned that the facial has a lower nucleus for the orbicularis oris, and Gowen thinks that fibres for this muscle are given off from the hypoglossal nucleus. Either of these theories would explain the escape of the upper muscles of the face, as is usual in this disease.

DISCUSSION ON DR. FISHER'S PAPER.

The President said there were several obscure points for discussion which Dr. Fisher's case had suggested, among others the question of the etiology of labio-glosso-laryngeal paralysis, some features in its symptomatology and its treatment. Regarding the etiology, it was once claimed, he believed that the disease was always of specific origin. He had had three cases under observation the past two years, and of those only one gave a pretty clear specific history; in the other two no such influence could be detected at all. In the one, although the patient gave some some evidence of having had specific disease, yet it was simply assumption that this was the cause of the bulbar affection. In his opinion we could only

place specific disease among the predisposing causes.

Dr. Putnam Jacobi asked whether the patient had heart disease.

Dr. Fisher replied that the heart had been examined, and no evidence of cardiac disease could be discovered.

Dr. B. Sachs thought the case was one of great interest to all. Bulbar paralysis, he thought, was more common in Europe than in this country; there was scarcely a clinic at which one or more cases did not present themselves during the year. He had seen a number at the clinic for nerve diseases at Strasbourg, under Prof. Kussmaul. The etiological factor which Dr. Fisher had mentioned, particularly in his own case, deserved consideration. It was further interesting, from the fact that the central lesion in this disease and in diabetes was near the same region, and he had known of a number of cases of diabetes in which the etiological factor was intense emotion.

Dr. Sachs thought it was difficult to explain why an affection like that from which Dr. Fisher's patient was suffering, in which the pathology was similar to that of progressive muscular atrophy and polio-myelitis anterior, consisting of an affection of the nerve nuclei, there was not the reaction of degeneration in the muscles supplied by the affected nerve nuclei. But it was possible the reaction of degeneration would appear later.

Dr. Putnam-Jacobi thought the suggestion made by Dr. Sachs, as to the analogy between bulbar paralysis and diabetes as far as their possible origin in emotional influences was concerned, was worthy of consideration; and the question had arisen in her mind whether such emotional influence may not have first influenced the cardiac center in the medulla oblongata and secondarily contiguous centres. Dr. Jacobi spoke of certain anatomical considerations in connection with bulbar paralysis, and referred to several cases reported by Eisenlohr. It seemed to her that exemption of the upper branches of the facial nerve in typical bulbar paralysis was an extraordinary circumstance, and one which she would be glad to have explained. It seemed remarkable that in Dr. Fisher's case the symptoms should have remained so limited for so long a time.

The president had examined the urine for sugar in two cases of bulbar paralysis, but with negative results. With regard to the affection of taste, it was well known that that sense was not usually involved in bulbar paralysis. He had thought that the glosso-pharyngeal nerve at its nucleus was purely a sensory nerve, and that it received its motor fibres from the spinal accessory; that it supplied taste to the posterior, and perhaps to the anterior part of the tongue. The question as to whether it supplied general sensation to the fauces or posterior part of the tongue it seemed to him was involved in considerable obscurity. The cases which he had seen had given no positive evidence that the glosso-pharyngeal nucleus was involved, except in one in which there was disturbance of the sense of taste, and there had been two other cases reported in which this sense was involved. With regard to the seventh nerve, and involvement of its nuclei, he thought that in some cases the branches of that nerve were involved. In one of his cases the upper portion of the face was not wrinkled, the eyelids could scarcely be approximated, showing that the facial nuclei were becoming involved. Regarding the reaction of degeneration, it was never present except in the later stages. There might be partial reaction of degeneration at an earlier date. The explanation which he had given was that the trophic centres of the nerve were involved, causing atrophy, to which the paralysis was due.

As to treatment, he thought he should adopt a radically different form from what he had hitherto employed. It seemed to him that the cases improved for awhile under electrical treatment, and then such treatment seemed to make them worse. He would give the affected muscles complete rest if possible, and confine the electrical treatment to the stable galvanic current.

Dr. Sachs remarked that the phenomena of the reaction of degeneration might be present at first only to a limited extent, developing more completely as the case progressed.

**Fracture of the Humerus; Paralysis of Sensation and Motion in the Forearm.**

Dr. W. M. Leszinsky presented a man, aged 33 years, whom he first saw April 13th, when he gave the following history: Ten weeks before, he fell and fractured the left humerus at about the middle third, the bone, he stated, being completely divided without producing a perceptible injury of the soft parts. After the injury he found the fingers numb, there was difficulty in moving the hand, and the wrist had dropped. He received surgical treatment. When Dr. Leszynsky saw the patient his left upper extremity hung loosely by his side. All voluntary motion was abolished below the seat of the fracture. The shoulder muscles were not

affected. There was marked wrist-drop, and the arm was kept in the position of pronation. The elbow-joint was anchylosed in extension. There was but slight flexion, but a greater amount of supination obtained upon passive motion. There was decided swelling over the external condyle, and a large amount of callus over the seat of fracture, which had become firmly united. There was some atrophy of the intrinsic muscles of the hand, and probably of the muscles of the forearm. The skin was cold, blue, and mottled, and the hair and nails seemed to have grown less than on the other extremity. There was complete anæsthesia below a line encircling the limb three inches above the olecranon, tactile, temperature, pain and muscular sense being abolished.

Dr. Leszinsky then gave the result of the electrical examination when he first saw the patient and during the progress of the treatment, which showed that the condition of the limb was improving. He was of opinion that the nerves were injured at the time of the fracture, and not by the development of callus. The case showed the importance of an electrical examination in making a prognosis.

Dr. M. A. Starr thought that in Dr. Leszinsky's case, as in several which had come under his observation, an electrical examination at different periods was the best basis for a prognosis, and he should use the milliampere for exactitude. He had seen several similar cases in which the trophic changes were more marked than in the one related by Dr. Leszinsky.

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## THE CLINICAL SOCIETY OF MARYLAND.

Stated meeting held May 21, 1886.

Under the head of reading papers, Dr. George H. Rohé read a paper on

**The Present State of the Doctrine of Parasiticism in Dermatology.**

He reviewed the clinical and experimental evidence on the question, and concluded that the following skin diseases are demonstrably of parasitic origin: Favus, ringworm, chloasma, erysipelas, leprosy, and glanders. Other diseases that are sometimes considered as due to parasites, but in which the etiological relations of parasitic fungi or bacteria must be regarded as unproven, are boils, carbuncles, impetigo contagiosa, rhinoscleroma, pityriasis capitis, alopecia areata, psoriasis, lichen ruber, mal de los pintos, mycetoma, lupus and verrugas. Dr. Rohé thinks that although in the latter the proof is not complete, an affirmative demonstration is probable.

Dr. I. E. Atkinson wishes to disclaim any credit for the work upon the bacillus of leprosy referred to by Dr. Rohé. The work was the result of Dr. Berman's labors, and Dr. Atkinson simply demonstrated the specimens *for* Dr. Berman, who was unable to attend the meeting of the American Dermatological Association held at Newport. He was very much interested in Dr. Rohé's paper. He considers mycosis fungoid as beyond a doubt proved to be the result of the presence of a streptococcus. As to lupus the evidence varies; some observers claim to find the bacilli in small numbers, while others fail to find them at all. Don't think the evidence sufficient to justify us in classing it as a disease due to the presence of the tubercle bacillus. He referred to a certain wart formation recently described and grouped with the infectious granulomata under the name of verucca necrogenica, as being claimed to result from the local deposition of the tubercle bacilli. They occur usually at the point of wounds received while dissecting the bodies of patients dead of tuberculosis. He thinks it singularly at variance the one with the other, that if the localized deposit of tubercle bacilli should in one case produce lupus, it should in another instance give rise to a wart. As to the late work of Lustgarten on syphilitic new-formations, while he don't think it proven, yet he thinks the probabilities are in favor of its correctness. At all events, it presents many interesting propositions.

Dr. G. M. Sternberg said as to the local expression of tuberculosis, we commonly see tuberculous joint troubles in children, from which they make complete recovery. Cold abscesses he considers another example. Thinks the etiological value of micrococci in pus proven.

Dr. E. G. Waters read a paper entitled

**At what Point in the Intestinal Canal do its Contents become Feculent?**

DISCUSSION.

Dr. J. H. Branham don't think a Peyer's patch a secreting body, but rather an absorbing gland, and takes it to be a member of the lymphatic system.

Dr. N. G. Keirle thinks it difficult to say at an autopsy at what point in the canal the contents become feces, either by their odor or by their appearance.

**Tuberculosis of the Retro-peritoneal Glands.**

Dr. Keirle exhibited a specimen that he finally decided to be a tuberculosis of the

mesenteric glands. His opinion had wavered between a syphilitic adenitis and a sarcomatous process and a tuberculosis.

Dr. I. E. Atkinson, referring to the enormous glandular enlargements seen in primary syphilis in negroes, said that he took it to be rather a peri-adenitis than a proliferation of the gland elements themselves.

Dr. J. H. Branham asked if in scrofulous negroes suffering from syphilis, the tubercle bacilli were always found in the enlarged and caseous lymphatic glands.

Dr. A. C. Abbott replied that while it was generally admitted that the glandular enlargements with the caseations seen in scrofulous subjects whre the result of a tubercular process, yet it could not be said that microscopic examination always revealed the tubercle bacilli. The reason for this rests in the fact that they are here most probably in the spore stage, and as we have no staining re-agents that will satisfactorily demonstrate spores, we must resort to cultivation and inoculation experiments for their positive demonstration.

**Death following Fracture of the Cranium.**

Dr. N. G. Keirle related a case of a man who, after having fallen upon the back of his head, went about for eight days, when he died. At times he was more or less irrational. Autopsy revealed fracture of the orbital plate on the right side, and another fracture in the occipito-temporal region on the left side. These fractures were not continuous with one another.

Dr. L. McLane Tiffany said the fracture of the orbital plate was probably the result of counter-stroke. He cited the case of President Lincoln, who was shot in the back of the head on the left side, and sustained a counter-stroke fracture of the orbital plate on the right side. He demonstrated the physical principles involved in fracture by counter-stroke. He said that fracture of the orbital plate is most often the result of counter-stroke.

Dr. W. D. Booker related the case of a colored boy who had been kicked in the face by a horse. There was fracture of the frontal bone. A bit of the outer table was driven into the frontal fossa. On the following day a bit of bone was removed that looked like orbital plate, and a week later another portion came away. The left eye was enormously bulged out, and there was blood behind the conjunctiva. The eye was removed, the wound healed, and the boy is now doing well.

## CHICAGO MEDICAL SOCIETY.

Stated meeting, June 7, 1886, the president, E. J. Doering, M. D., in the chair.

Dr. A. Reeves Jackson read a paper entitled

**The Intra-Uterine Stem in the Treatment of Flexions,**

exhibiting the stems used.

The essayist began treating uterine flexions with the stem pessary in 1870. Prior to that time the only methods he had employed were gradual dilatation and incisions. The results were so unsatisfactory that he sought for a safer and more successful method. Having received the impression that the use of the stem pessary was more hazardous than either the dilating or cutting plans, he commenced its employment with misgiving, and did not rely wholly upon it, but preceded it with either gradual stretching or slight incisions. In two cases this mixed method was followed by pelvic abscess, a sequence which he had never observed when the stem alone had been used. All cases of uterine flexion are not accompanied by dysmenorrhœa or sterility, yet when there exists a relationship between these symptoms and an existing flexion, the latter must be looked upon as a mischievous factor, and one that should be removed. He had never treated any case of flexion in which dysmenorrhœa was not present, although coexistent barrenness has been frequently an additional incentive to the patient to undergo efforts at cure.

He preferred Chambers's bifurcated vulcanite instrument, although the divergence of the branches *below* the internal os uteri was a radical defect in the instrument, as ordinarily used. Frequently the branches should be closed, so that the stem might be practically single in that portion which traverses the cervix. His method is as follows: A flexion and its direction being diagnosticated, a flexible bougie is passed through the bent portion of the canal and quite to the fundus. The depth of the canal being carefully noted, a pliable stem, consisting of the distal portion of the same, or a similar bougie one-third of an inch shorter than the ascertained depth of the canal, is selected for introduction. A flange or bulb is formed upon the outer end of the stem by rolling upon it a section of rubber tubing. The woman being placed on the back in Simon's position and the os uteri exposed with a speculum, the stem either grasped with a dressing forceps or mounted upon the end of a piece of pointed wire, is passed entirely into the uterus. A large tampon of cotton moistened with slightly alumized glycerine

is pressed against the bulb of the stem, and allowed to remain one or two days. The tampon is removed and replaced at suitable intervals until the tendency of the stem to leave its position disappears. After this yielding stem has remained from one to three weeks, according to the degree of tolerance manifested by the uterus, it is removed and a thicker one put in its place. This likewise is permitted to remain a week or two, and is then replaced by a Chambers stem. While not very much, or, indeed, any change of shape is to be expected in consequence of the use of the flexible stem, yet, in several instances, a very considerable alteration took place within a few weeks, or even a few days, and in a few cases it was found unnecessary to resort to a rigid instrument at all. Usually, however, it had been necessary to use an inflexible instrument for from three months to a year—not continuously, but for periods of three or four months, with an interval of a week or two, during which the stem was removed in order to test the degree and permanence of the improvement. The feature of this treatment which is essential to its safety and success is its slow and gradual conduct, and the non-observance of this necessity has been the cause of dangerous results and failures to cure.

The drawbacks attending this method of treatment were:

1. Difficulty in retaining the instrument in position.
2. Pain.
3. Hemorrhage.
4. Pelvic inflammation—all except the first being common to all other methods treatment.

A table comprising the details of sixty-four cases treated by the intra-uterine stem alone was given, showing the ages and social conditions of the patients, the direction of the flexion, and the result of the treatment. Of the entire number 42 occurred in married and 22 in single women. Of the former 8 had borne children; the other 34 were sterile. Of the latter 8 subsequently bore children. A cure of the flexion followed in 40; of the remaining 24 four were improved and relieved of dysmenorrhœa. In 20 the result was unknown. The ages of the patients ranged from 19 to 39 years. The uterus was anteflexed in 50 and retroflexed in 14.

In conclusion the author said: "I believe the principle of the intra-uterine stem in the treatment of flexions to be correct; and it need not be dangerous—at least, no more dangerous than any other effective method. I further believe that by its use more cases of uterine flexion can be cured than by any other means at present in vogue. The conditions of both safety and success are watchfulness, patience, and slow progress."

(*To be continued.*)

# EDITORIAL DEPARTMENT.

## PERISCOPE.

### Illustrations of Exceptional Symptoms and Examples of Rare Forms of Disease.

Mr. Jonathan Hutchinson reports these cases in the *Brit. Med. Jour.*, June 12:

#### BRACHIOPLEGIA AFTER INJURY TO THE HEAD, WITH FRACTURE OF SKULL.

In the case of a little boy, whom I saw at the Poplar Hospital, and who was a patient of Mr. Corner's, the symptom of brachioplegia was of much interest. He was an intelligent little fellow, 7 years old. Riding behind a carriage, his head had become engaged in the spokes of the wheel, and much battered. When taken into the hospital, he was quite sensible. There was bleeding from his right ear, and considerable bruising of the scalp, especially on the right side, where there seemed to be some irregularity of the bone. He complained that he could not use his arms well, especially the right. During the next few days, large ecchymoses appeared on the conjunctiva of each eyeball, and the weakness of the arms increased. The accident occurred on October 16th. A fortnight after it, Mr. Archibald Andrews, the house-surgeon in charge, in writing to ask me to come and see the patient, stated that both arms were quite helpless, lying in a semi-flexed condition. The action of the biceps, he added, was perfect. It was more than three weeks after the accident, and a week after Mr. Andrews' note, when I saw the boy. He had been carefully kept in bed the whole time, and not allowed to try to stand. There had never been any retention or incontinence of urine, and it was recorded that his pupils had always acted well. It was believed that he had perfect use of his lower extremities from the first; but, it is to be ob-

served, he had never been allowed to try to stand. There had not been, from first to last, any mental symptoms whatever. At the time of my visit, he was intelligent and clear in his answers. His left arm had, when I saw him, considerably recovered. He could move it in all directions, and could grasp with the fingers, though not with natural power. The fingers of the right hand he could only move very feebly, and he could not grasp with them at all. By means of the biceps, he could bend the arm at the elbow, but, once bent, he had not the slightest power of extending it again. He appeared to have scarcely any power in any muscle excepting the biceps, and perhaps the brachialis anticus. We made him stand up in bed; he did not manage his legs well, but it was difficult to say whether this was more than might be expected after three weeks' absolute rest. When lying on his back in bed, he could kick freely. His pupils acted well, and no irregularity could be detected in the spines of his cervical vertebræ.

I came to the conclusion that the paralysis must be cerebral. There did not appear to be any defect of sensation in either of the arms, nor had had any disturbance of nutrition resulted. Muscular weakness and wasting was the one symptom, and this was unaccompanied by any indications of injury to the spinal cord. There was an irregularity down the right side of the skull, just over the ear, which clearly denoted fracture. It is very remarkable that there should have been no head-symptoms in the first instance, especially as both arms were involved. It must not be assumed as certain that the lower extremities had wholly escaped, since it is difficult, in so young a child, to estimate degrees of power without setting him to walk. It is quite certain that there was not, even at the first, any defect of the sphincters.

I heard, two or three weeks later, that the boy was up, and could walk well, and was regaining the use of his arms.

### Simulation by Muscular Action of Dupuytren's Contraction of Palmar Fascia.

I saw, in the morning of July 11th, a curious example, in its early stage, of a tendency to contraction of the ring and little fingers into the palm; the contraction being due, not to bands of fascia, but clearly to the small muscles. The patient was a gentleman (Dr. S.), of a somewhat gouty family, but who had never himself had gout. His age was 62; and, excepting the trouble named, he was in good health. In the afternoon of the same day, it was my good fortune to see, in consultation with Mr. Freeman, of Onslow Gardens, a lady in whom the same condition had become much further developed. She was between 60 and 70 years of age, like Dr. S., of gouty family, but, like him, having never herself suffered a definite attack. She had been long liable to indigestion, eczema, and chronic glaucoma. When I first saw her hands (Miss A. T.), I thought that she was the subject of rheumatic gout, with great nodosities; but, on examination of the hand, I found that these appearances were simply due to partial dislocation of the joints, especially those of the knuckles. All the fingers were bent down into the palm, and carried over to the ulnar side. That there was no material contraction of fascia, was proved by the fact that they could be pressed back almost into the straight position. The hands were extremely emaciated, and the right hand was affected to a far greater degree than the left. Miss A. T. was crippled in her lower limbs by rheumatic gout, and always walked with a stick. I had no opportunity of examining as to their precise condition. She told me that the deflection of her fingers had commenced with her little and ring digits, and subsequently involved the others.

I will now return to Dr. S.'s case. He is a very healthy-looking man, and has lived temperately, always, however, drinking a little beer. One of his sisters is, he says, much crippled by rheumatic gout, and has had true gout. He himself has never had any arthritic affection; but, some years ago, I cured one of his sons of an eczema, which had long been chronic. On cursory inspection, there is nothing whatever to be noticed amiss with Dr. S.'s hands. He can, by effort, straighten his fingers perfectly, but there is a very decided tendency in the right hand, especially for the ring and little fingers, to be bent down into the palm. It is about a year since he first noticed this. At first, it was chiefly observable in the morning, after sleep, when the ring-finger would be so much contracted that he was obliged to use the other hand to straighten it. There is, perhaps, a very slight contraction of the palmar fascia; but that this is not the chief cause of the deformity, is proved by the fact that he can place the palm of his hand upon the table, and, by bearing weight on it, almost completely straighten the fingers. His chief inconvenience is in using his tooth-brush, and in carving; in these acts, the deflection is sometimes painful, otherwise it has not caused him discomfort.

It would take me too far to attempt to discuss here the precise shares taken by the different muscles in the production of these deflections of the digits. The reader will find much information on the subject in Dr. Vivian Poore's edition of Duchenne's works, published by the New Sydenham Society, and in the writings of Charcot and others on paralysis. My object in recording these cases here is to draw attention to the fact that the displacement began in the ulnar digits, and closely simulated, on the one hand, Dupuytren's disease, and, on the other, the common distortions of rheumatic gout. It is important to note that, in the latter malady, we not unfrequently meet with distortions which are of muscular rather than of joint origin. It is sometimes, indeed, difficult to say whether the conditions are due to arthritis or paralysis. I saw recently, in consultation with Dr. Hughlings Jackson, a case of this kind which was very puzzling. In these, the employment of galvanism for diagnosis is of much importance.

### Contraction of the Little Fingers in a Young Lady, with Repeated Attacks of Sclerotitis: Inheritance of Gout.

Mary P., aged 26, a governess, is of fair complexion. Her history of rheumatism is that, six years ago, she had an attack of rheumatism in her left knee, and for three months was carried about, not being allowed to walk. She had a little pain, but not much, in the other knee. There had been no injury or sprain. She quite recovered, and can now walk easily. She has never had rheumatism in her wrists, elbows, ankles, shoulders, etc. Her two little fingers are both contracted at the first phalangeal joint, the bones being at right angles. The last phalanx is not contracted, and can be straightened easily. It is doubtful whether the contraction is due to fascia, or to muscle.

In the right eye, she had several attacks of "rheumatism." The last has been the most severe attack. It began on November 2d, and she came to me on the 24th. There was then no evidence of iritis. She had at first much pain.

Her parents are both living. Her father has had a single bad attack of gout, in the great toe, about two years ago. Two paternal uncles have also had gout, and her paternal grandfather. One of her sisters has had rheumatism in one knee. She is very susceptible to the influence of east wind, as her hands become painful. She is myopic—16, possibly astigmatic. The vision of the right eye is not so good as the left. The patient is the fifth child; nine are living; none have had rheumatic fever. Her mother has not had rheumatism, but one of her sisters has "rheumatic gout." Her parents were first cousins.

The above notes are copied from some made many years ago.

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### The Treatment of Chronic Gastritis.

The treatment was thus laid down by Dr. Francis Delafield before the Association of American Physicians in Washington:

#### I. Climate and Mode of Life.

These I believe to offer the most certain means of curing chronic gastritis. It is unnecessary to lay down rules as to the sort of climate, that can be regulated by the tastes of the patient. The two points of importance are: First, the locality selected must be one where the patient can lead an out-of-door life. Second, the patient must live in this climate either for several years, or for a considerable part of each year.

Excellent as this method of treatment is, it is evident that it can be carried out only by a limited number of persons.

#### II. The Diet.

The regulation of the diet is a matter which demands consideration in every case of chronic gastritis. In trying to ascertain the best way of feeding these patients, I have found only one satisfactory method, and that is to feed them experimentally with different articles of food, and then after an interval of several hours wash out the stomach, and see how thoroughly these articles of food have been digested and removed from the stomach. After pursuing this course for a number of years, I have arrived at the following conclusions:

It is necessary that the patient should be well fed; a starvation diet never answers.

The stomach does not require any rest from the performance of stomach digestion; on the contrary, it is all the better for being called on to perform its natural functions.

The patient's own ideas as to what food agrees with them are usually erroneous. They are apt either to starve themselves or to select the least nutritious articles of food.

The use of artificially digested foods, or of substances such as pepsine to assist stomach digestion, is unnecessary.

The starches, oatmeal, corn meal, bread, the cereals, the health foods, are as a rule bad. Portions of them remain undigested in the stomach for many hours.

Milk in adults is an uncertain article. It

answers very well for some persons, not at all for others.

Meat is usually readily and well digested, but there are occasional exceptions to this rule.

Vegetables and fruits can be eaten, but the particular varieties must be selected experimentally for each patient.

I do not believe that any case of chronic gastritis is to be cured by diet alone. Even the exclusive milk diet, while it often relieves symptoms, is as a rule only temporary in its effect, so that the patient simply loses a certain amount of time by employing this instead of more efficacious plans of treatment.

### III. The Administration of Drugs.

The advantageous use of drugs belongs to the earlier stages of chronic gastritis. At that time they often palliate symptoms and sometimes even seem to cure the inflammation. In the latter stages of the disease their use becomes more and more unavailing. The reliable drugs for this purpose are not numerous; the preparations of soda, potash, and bismuth, the mineral acids, glycerine, sometimes carbolic acid, sometimes iodoform, sometimes the bitter infusions. If none of these answer, it is hardly worth while to look any further. If we can combine with the administration of drugs, the regulation of the diet and of the mode of life of the patient, then of course our chances of success are much greater.

### IV. The Use of Local Applications Made Directly to the Mucous Membrane of the Stomach.

This I regard as the most efficacious plan of treatment for those patients who are not able to leave home and seek a proper climate, but ask to be relieved without interruption to their ordinary pursuits. The local applications are readily made by the introduction of a soft rubber tube through the œsophagus into the stomach.

Liquid applications are the best. They should be made in such quantities as to come thoroughly into contact with the entire surface of the mucous membrane, although the pyloric end of the stomach is the region where the inflammation is principally situated. They should be made at a time long enough after eating for the stomach to be as nearly empty as possible.

For many cases warm water alone in considerable quantities is the only local application needed. In some, however, there is an advantage in medicating the water, and for this purpose I employ a variety of substances.

The alkalies, the mineral acids, bismuth, carbolic acid, the salicylates, iodoform, belladonna, ipecac, gelseminum, may each one be employed according to the particular case.

For the first week it is often necessary to put the patient on a milk diet, and this can be done even with those patients who under ordinary circumstances cannot take milk at all.

Then, after a time, to the milk we add one solid meal composed of meat alone. Next, this single meal is increased by the gradual addition of fruits, vegetables, and bread. Then comes the giving of two solid meals a day, instead of one, then three solid meals, and now we get rid of the milk in part or altogether.

For the first week of this treatment it is wise not to expect any special improvement. Indeed, even a longer time than this may try the perseverance of the physician and the confidence of the patient.

Sooner or later, however, the expected improvement begins: the nausea and vomiting cease; the constipation or diarrhœa is improved; the flatulence is no longer troublesome; the headache becomes less frequent; and of more real value than these, the improvement in the general condition of the patient becomes evident. The color, the weight, the appetite, the sleep, the spirits of the patient, all show a change for the better. Of all the symptoms, the pain is the one which is apt to persist the longest.

For two or three months, the patient has to be kept under observation, and the applications to the stomach made by the physician. After this, the patient is dismissed, but continues the treatment himself, first every other day, then twice a week, then once a week for several months. The regular relapses of the disease are managed in the same way, but are much more quickly relieved.

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### An Impromptu Pump for Stomach Irrigation.

Dr. Sara E. Post, of New York, sends the following to the *Med. Record*, July 24th: Having recently a case requiring a stomach irrigation, I tried the funnel with the tube arranged as a siphon, in the manner usually recommended. The end of the tube with the funnel was elevated when pouring the water in, and depressed to induce its escape. The conditions were as perfect as possible, the portion of the tube outside of the body being

longer than that lying within. When the tube was first depressed the water ran out freely, but it was found that, as a rule, the stomach was not completely evacuated by means of it. After the flow had ceased, manipulation of the epigastrium would cause it to recommence. Apparently the tube, either by not being introduced far enough, or by being introduced at too great length, and curling upon itself, would fail to reach the most dependent part; and as it is difficult to calculate the depth of the dilated stomach, this objection could not be overcome. As a weak solution of the bicarbonate of soda was used for the injection, the washing would be followed by several watery evacuations, apparently due to the cathartic action of the retained salt. Also, the water removed by the siphon would be almost clear, while from the history of the case it was expected that mucus would be withdrawn.

Some kind of a force-pump seemed necessary to accomplish the desired purpose, and having a stop-cock with two outlets, a rubber piston syringe, a stomach-tube, and some additional tubing, a suitable apparatus was readily arranged. The three arms of the limb containing the stop-cock were provided with tubing, the inlet was connected with the syringe, one of the outlets attached to the stomach-tube by a short intervening glass, and the other connected with the weight from the receiving tube of a Davidson's syringe, and sunk in the receptacle containing the fluid to be injected. It will readily be seen that by manipulating the stop-cock water could be withdrawn from the receptacle and injected into the stomach, or withdrawn from the stomach and injected into the receptacle. Compared with the siphon this method was most successful. The water withdrawn during the first washings was gray, from its admixture with mucus. The washings were no longer followed by diarrhœa, and relief of the symptoms was early obtained. After six washings mucus is no longer returned in the water, a localized tenderness of several years' standing has disappeared, discomfort so great as to interfere with sleep and to make the patient dread food has been lost, and digestion has apparently been re-established. The patient eats three meals per day, and is commencing to have a healthy desire for food. It might be added that the patient had previously been under the care of good physicians, and presumbly had obtained all of the benefit which medication could give.

The washings are done three times a week, the patient taking no solids for six hours previously. Food could, however, be withdrawn by means of this apparatus, if the bore of the syringe and of the limb containing the stop-cock were sufficiently large. One quart of fluid is first injected and then withdrawn, the injection being repeated two or three times at each sitting. The introduction of the stomach-tube occupies but a few seconds. It seems better to force it down quickly, without much attention to efforts at regurgitation, as, when in position, the patient is comfortable, and breathes and talks with complete ease.

Previous spraying of the fauces with a four per cent. solution of cocaine facilitates the introduction of the tube.

This apparatus is, of course, not new. Its principle is exactly that of the ordinary stomach-pump. It is presented simply because while answering the same purpose it can be more cheaply gotten up.

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**Traumatic Tetanus Treated by Rest.**

Dr. De Renzi states in the *Revista Clinica*, that by treating patients with traumatic tetanus by means of perfect rest he has been able to restore four out of five to health; whereas when treated in other ways these patients usually die in two or three days. He places the case in a special room where absolute silence reigns. Even in the passages leading to it and in the neighboring wards, care is taken to lay down carpets so that no sound shall penetrate the tetanus ward. The door to the latter is of course well oiled, so as to open and shut noiselessly, and the patient's ears are stuffed with cotton-wool, he himself being strictly enjoined not to make the slightest noise. He must, of course, be fed. This has generally been considered impossible, the teeth being clenched and the spasmodic contraction being increased by attempts to masticate. The obstacle may, however, be easily overcome by parting the jaws and introducing liquid food through a curved sound; swallowing is accomplished without difficulty. This method of treating traumatic tetanus has been tried with success by several Italian practitioners—Drs. Pisani, Maragliano, Ria, etc. The only disadvantage is that the affection is sometimes prolonged for two months. It seems to increase in duration as it diminishes in force.

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—Two female medical students at Paris, the one French and the other American, had a dispute over the relative merits of French and American female physicians. This led to a duel with swords. The American received a slight flesh wound, when both were satisfied.

# Reviews and Book Notices.

## NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. Dudley S. Reynolds, of Louisville, has returned to the journalistic field with a monthly called *Progress*. He has a good table of contents, and we hope will meet with gratifying success. The price is $2.00 a year.

—— The *Annals of Hygiene* has been resumed by Dr. Joseph F. Edwards, and the number for July gives promise of excellent and abundant material during the coming year. The price is $2.00 a year, and subscriptions may be sent to 224 South 16th street, Philadelphia.

——The causes and prevention of zymotic diseases are discussed in a pamphlet before us by Dr. R. French Stone, of Indianapolis.

——We have received the "Initial Prospectus of the Pittsburgh and Western Pennsylvania Female Hospital." We are well pleased with its objects as set forth; but are not pleased to note that not a single woman physician is named on its schedule of officers. We had hoped that the day when a hospital for women should be organized without a female physician on its roster had passed.

——Miss Emma Garrett sends us a summary of the work done in the Oral School for Deaf Mutes at Scranton, Pa. It furnishes striking evidence of the excellence of the Oral System.

——Dr. Burt G. Wilder, of Cornell University, details in a reprint before us the facts he has noted relating to what he designates the "Paroccipital Fissural Integer."

——Dr. Charles J. Lundy, of Ann Arbor, has issued as a reprint his address before the Alumni Association on "The Relations of the State and the Medical Profession."

——The value of Brücke's method in urine analysis is set forth in a reprint from the *American Chemical Journal* by Dr. E. M. Green, of Easton, Pa.

## BOOK NOTICES.

**Bright's Disease and Allied Affections of the Kidneys.** By Charles W. Purdy, M. D., Queen's University. 8vo., 288 pages, with 18 illustrations. Cloth, $2. Philadelphia, Lea Brothers & Co., 1886.

That comprehensive term "Bright's Disease" is now taken to include so much, that there is no difficulty in writing a volume about it. That before us includes albuminuria, uræmia, acute and chronic scarlatinal and puerperal nephritis, and cirrhosis, lardaceous degeneration and cyanotic induration of the kidneys. The author gives a systematic description of these diseases, together with their pathology and treatment, as set forth by the most recent studies in this branch. The text is illustrated with a number of engravings from original drawings, chiefly representing the morbid anatomy of the kidneys. The type is clear, and an excellent index is added. We regard this as one of the best monographs which have appeared on the subject.

**A Manual of Dietetics.** By J. Milner Fothergill, M. D., Edin. 8vo., cloth. 255 pages. Price, $2.50. New York, William Wood & Company.

Dr. Fothergill is always a pleasant writer, and knows how to give a great deal of instruction without fatiguing his reader. All his wonderful powers are shown in the book before us. It is divided into two parts, the first discussing the various forms of foods, the second the special foods suitable to various periods of life and diseased conditions. We are surprised that he has not also added chapters on the food suitable in different climates and at different seasons—highly important points, which he omits. The author adopts in a general way Liebig's classification of "fuel foods" and "tissue foods," and collates the opinions of a large number of the best authorities. His own views are temperate and free from hobbiness.

**A Guide to the Examination of the Nose,** with Remarks on the Diagnosis of Diseases of the Nasal Cavities. By R. Cresswell Baber, M. D. Illustrated. Cloth. Pp. 163. New York: J. H. Vail & Co., 1886.

Diseases of the nasal cavity are so numerous, and have of late years excited so much attention that they are commencing to be a specialty in themselves. This is illustrated by the work before us, where the author finds material enough to fill nearly two hundred pages in describing the instrumental and other means of diagnosis applicable to this organ alone. After a short explanation of the anatomy and physiology of the nose, and laying down the symptomatology of its general diseases, the author takes up anterior and posterior rhinoscopy, palpation, etc. Wood-cuts of numerous instruments are inserted, and the volume is very carefully indexed.

THE

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### ILLEGAL PRACTITIONERS OF MEDICINE.

During the past six months the Philadelphia County Medical Society has been steadily and successfully ridding this city of the great horde of illegal practitioners who have, for years, been so boldly and so impudently trifling with the *real* ills, magnifying the imaginary ailments and growing rich, in many instances, upon the gullibility of a credulous public.

That the profession has undertaken this work, has contributed money to its prosecution, and has, in every way, aided the committee who have the work in charge, is but another evidence of the glorious nature of our profession, of the magnanimity of spirit, of the disinterestedness, of the catholic love of mankind and interest in its welfare, that seems to become so characteristic of the man who has a vocation for our profession.

Those who have suffered from these ignorant and audacious pretenders; those who have suffered both in body and in pocket are not the physicians; far from it, for so long as medical frauds flourish, so long will the consulting room of the intelligent physician be filled by those wrecks of humanity who have been landed upon the shoals of permanent ill health by the ignorant and consequently misdirected ministrations of the impostor and the charlatan.

As the incompetent plumber, employed to do the plumbing of a house in course of erection only makes more work for some good plumber who must needs be called in to remedy his inferior work, so the incompetent medical man only makes more work for the reputable and intelligent physician, who inevitably must, in the course of time, be appealed to for relief from the deplorable condition into which criminal ignorance has plunged its unhappy, but willing victim.

Therefore we again say that viewed from a pecuniary and selfish standpoint, the *quack* is the very best friend of the regular physician. This is no specious argument, intended to glorify our profession; it is the plain, unvarnished statement of a fact, that is amply substantiated by the experience of the majority of those who have, for a while, been beguiled by the flaming advertisements, and catching rascality and cunning of the quack.

But recently we heard of a man in this city, who was suffering from hernia. He read the advertisement of one of these frauds who promised a cure. He called upon him and was assured that he could be absolutely cured in four months; in fact, he was given

a written guarantee of cure, *prepared on a printed blank*, thus evidencing the habit of this wonderful leech to give guarantees. He was to pay eight dollars a month. To make a long story short, he visited his would-be executioner for three months, and paid him twenty-four dollars. About this time his hernia became strangulated, and he sought the services of a regular physician just in time to save his life. Upon recovery he called upon the leech and demanded the return of his money, as the *guaranteed* cure had not been accomplished. The reply was characteristic. "Not one cent will you get from me; all I want is your money; the world is full of just such fools as you;" and so it is unfortunately. This action, therefore, on the part of physicians, is an action directly opposed to their own financial interests, and is a philanthropic effort on their part to protect the gullible public from the evil consequences of their own gullibility, which they are doing at a sacrifice of their own interests, an example that we venture to say will find but few imitators in any other profession.

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### MEDICAL SOCIETIES.

The season is drawing near when the various medical societies throughout this country will be commencing their campaign for the fall and winter, and a word of suggestion may not be out of place. As a rule, the various county medical societies embrace in their lists of membership the great majority of the reputable physicians of the county, but it is an equally general rule that their meetings are attended only by a handful of the members.

A discussion on the International Medical Congress, or an attack on the American Medical Association, will pack the meetings to suffocation; but the ordinary scientific gatherings are disheartening, gloomy, and funereal affairs.

Why? Because the intellectual feast prepared is not sufficiently attractive to magnetize the members. Who, of late years, for instance, has heard the voice of Agnew in the hall of the Philadelphia County Medical Society? In former years, when he was comparatively obscure and unknown, he was ready enough to talk; but now, when *all* would flock to hear the pearls of wisdom that would drop from the lips of his mature experience, he is noted only by his absence. We pen these few words to remind our *distinguished* men that they owe a duty to the profession that they do not fulfil.

## NOTES AND COMMENTS.

### Electrolysis for the Removal of Hairs.

Several very successful cases are reported in the *American Practitioner and News* by Dr. Samuel E. Woody, who says that the number of hairs to return and demand a second removal, will decrease with the skill of the operator and the thoroughness of the operation. He usually expects the return of about five per cent., but when these are in turn removed the cure is complete. It is always best to leave the finer or lanugo hairs, otherwise the face will have a bald, glistening appearance.

The essential instruments are a galvanic battery and a fine needle. The number of cells to be employed depends upon their strength, the delicacy of the patient's skin, and the distance between the poles when applied to the body. He formerly used from four to six zinc-carbon elements, but now employs twice that number of Leclanché (telephone) cells. These are placed in a closet, and connected by wires with the operating-table. More than a year ago they were charged with fifty cents' worth of sal ammoniac; and though furnishing electricity for door and signal bells about his office and residence, they are apparently as strong now as then.

For a long time he used the finest cambric needles, gold-plated, and has done some good work with them. Of late he has been using a very fine wire of iridium and platinum, which, being more pliable, follows the hair better, and is less likely to perforate the follicle. An ordinary surgical needle-holder, insulated by being covered with a piece of rubber tubing, may be used; but where much work is done, it is best to get one specially made of hard rubber, with a little strong button for breaking or closing the circuit. You should have the patient come only on bright days, for good light is necessary. She should be seated near a window, preferably in an operating or reclining chair, so that her face is nearly upon a level with the operator's eyes. A moistened sponge-holder connected with the positive pole of the battery is held in the patient's hand, while the needle-holder is attached to the negative pole.

The needle is now introduced for about one-eighth of an inch into the follicle down beside the hair. To do this accurately a sharp eye is necessary; and if the hairs are very small, he wears a jeweler's eye-glass. But most important is a steady hand and a

delicate touch. Possessing these, the operator can tell by the resistance encountered when the needle is piercing the dense skin or dropping into the follicle.

At the first sitting he has the patient close the circuit by grasping the sponge electrode, and thus avoiding the slight shock by making the connection more gradual than would be possible if he used the little spring button in the needle-holder.

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**Some Observations on the Theory of Bronchial Asthma, Viewed in the Light of the Pathology of Hay Fever.**

Hay fever occurs in winter or spring; sometimes it occurs at sea or in the heart of a great city; sometimes when no pollen can be found in the air, it arises after a full meal, or in the middle of the night; sometimes it appears almost instantaneously under the influence of intense light, the heat of a great fire, the odors emanating from certain localities, plants, and animals; some particular place or position occupied in driving; or from emotions and vivid ideas. In an able and suggestive paper in the January number of *The American Journal of the Medical Sciences*, Sir Andrew Clark points out that in these and in all like cases there are clearly two main factors at work, a certain local or constitutional predisposition, and some immediately acting exciting cause. That some such predisposition exists is plainly proved from the fact that the exciting agents which produce the malady in one class of persons entirely fail to produce it in another; and that these exciting agents, in their relations to the persons acted upon by them, are in a remarkable manner specialized seems also proved by the circumstances that the emanations from a stable which in one person provoke a severe attack, produce in another, liable to hay fever, no sensible effect. And of the persons subject to this disease, it must be said that they are not always affected in the same manner by the same agent; for sudden intense light which may bring on an attack at one time will quite fail at another; and so we are compelled to conclude that the organism, or some particular part of it, varies so much in its conditions, that its relations to its environments are capable, without sensible structural alteration, of becoming completely changed.

When we inquire into the family and personal history of an individual subject to hay fever, we shall discover as the prominent point in it that the patient and his people are more or less "neurotic." There may be found among members of the patient's family the disease of which he is himself the subject, gout, such skin troubles as urticaria and eczema, migraine, neuralgia, epilepsy, and no inconsiderable sprinkling of pulmonary disease. But that which will be found the most widely, and will connect them all, will be a sensitive, an irritable, and an unstable nervous system.

In a series of propositions Sir Andrew sets forth what he regards as the teaching of a study of hay fever concerning the pathology of bronchial asthma, holding that it is a neuro-vascular trophic disease, and has its roots in a special vulnerability of the respiratory mucous membrane, of the respiratory nerve centres, and of certain portions of the sympathetic.

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**The Influence of Drugs on Nurslings when Administered to their Nurses.**

The Paris correspondent of the *Brit. Med. Jour.*, says that Fehling has recently, by experiment, studied the effects on nurslings of certain drugs given to the women who suckled them. When doses varying from two to three grammes of salicylate of soda were administered to the nurse, every time that a child was suckled within an hour after the administration of the dose, the salicylate appeared in its urine. After an interval of twenty-four hours there remained no trace of the drug. When the child was suckled too soon after the medicine had been taken, the salicylate could not be found in its urine. Elimination was completed at the same time in the mother and the child. With iodide of potassium the results were the same. The milk, when analyzed, gave the characteristic reaction. In the infant, elimination lasted twenty-two hours; in the mother, forty-four. After twenty-four hours, the milk still contained iodide of potassium. With ferrocyanide of potassium, reaction was very pronounced in the maternal urine, but absent in the child's. Prolonged applications of iodoform upon vaginal and vulvar wounds of women in parturition, after prolonged use, generally resulted in iodine being found in the milk and urine of the mother, but not always in the urine of the infant. The child was never indisposed, even when iodoform was used, to dry up the umbilical cord. There was only a small quantity of mercury transmitted through the milk of a nursing mother, and its presence was not constant. It appeared that the food of wet nurses—even acid fruit-juices and vinegar—

had no influence on their nurslings. Thornhill had stated that he observed prolonged sleep occur to children after administering to their wet nurse such narcotics as tincture of opium in doses of from 20 to 25 drops. Fehling observed neither prolonged sleep nor constipation in the children. Hydrochlorate of morphine or chloral, in tolerably strong doses, did not affect the sucklings.

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**Renal Irritation from Pure Terebene.**

A correspondent writes to the *Brit. Med. Jour.* to ask his professional brethren whether they have ever noticed severe nephralgia and other evidences of renal irritation follow the use of "pure terebene." He has lately had under his care a case of bronchiectasis, in which he tried all the stock remedies, such as creasote, eucalyptol, iodine, phenol, iodoform, tar, sandal-wood oil, and, lastly, "pure terebene," to try and diminish the secretion and lessen the almost gangrenous odor of the sputa. He thinks he may safely say that they all practically failed to accomplish what he intended, even though the doses were pushed. "Pure terebene" was the last experimented with, and when his patient was taking from twenty to twenty-five minims four or five times during the twenty-four hours, he suddenly developed most intense nephralgia, and the urine became scanty, high-colored, and distinctly albuminous. There had been traces of albumen before, but it was distinctly increased at this time. There was no reason to suspect renal "colic" due to other causes. The terebene was omitted, and gradually the symptoms subsided. After the lapse of three weeks, "pure terebene" was again begun to be taken, and, as the doses were increased to the same quantity as before, a repetition of the nephralgic symptoms occurred, but less marked than before, and gradually a tolerance was established. Ordinary turpentine, it is well known, will produce symptoms of renal irritation; may it not be possible that its isomeric brother, "pure terebene," also will occasionally produce somewhat similar symptoms?

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**"Hot Eye" in Association with Gout.**

Mr. Jonathan Hutchinson, in a note on this subject in the *Brit. Med. Jour.*, says:

The following item of evidence is, I think, valuable in reference to the connection of certain diseases of the eye with gout. A gentleman named W. consulted me on account of attacks of irritability, first of one eye and then of the other. The eye would become a little red, and feel as if he had sand in it. The attacks would usually last from two to four days, but they recurred very frequently, and were a source of much annoyance. He had made his own diagnosis before coming to me, and remarked, "I never knew what they meant until a year ago I had an attack of gout in the great toe." He was of dark complexion. He had, of late, been very careful in his habits, but he inherited gout strongly on both sides. Having noticed the identity of names, I asked him if he was a relative of a certain Dr. W. "Yes," he said, "I am his first cousin, and there is the same inheritance in both of us." In the latter case the patient, then a young man, lost one eye from recurrent attacks of iritis, and had much damage to the other. His case is given in the series which I have published, illustrating the peculiar form of destructive iritis which goes with hereditary gout. Thus the two cases support each other, and afford strong evidence, firstly, as to the connection with inheritance of gout tendencies, of the destructive form of iritis; and, secondly, with personal proclivity to gout of the "hot eye."

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**Potassium Chloride.**

Speaking of this drug before the last meeting of the American Medical Association, Dr. Asa F. Pattee, of Boston, said that exudations after inflammation with effusion of lymph, particularly pelvic cellulitis, have quickly disappeared under its use. In glandular enlargements, in his hands, it has been of more benefit than calcium chloride or the iodine compounds. In stomatitis of pregnant women, or from mercury, it is equal to the chlorate. In ovarian neuralgia, with nervousness and menstrual headache, accompanied with wakefulness, this salt has given better results than the bromide or ammonium chloride. When combined with corrosive sublimate it is one of the best preparations for syphilis. He usually gives it as follows:

| | | |
|---|---|---|
| R. | Potassii chloridi, | ℥ij. |
| | Hydrargyri chlor. corros., | gr. j. |
| | Aquæ., | ℥iv. |

M. S.—10 to 20 drops every two hours in wine glass of water.

This preparation he has used almost exclusively in the treatment of syphilis in both its acute and chronic stages, and the result has been most satisfactory. The tincture ferri chloridi is much improved in its therapeutic action when given with potassium chloride.

It is his desire that those of our profession who have not used the potassium chloride may investigate its therapeutic action, of which he can assure them it will verify his statement. The dose will range from 20 grains to 2 drachms in twenty-four hours, well diluted with water.

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**Digitalis in Bright's Disease.**

In the course of a paper on the "Cardiac Complications of Bright's Disease" in the *Med. News* (July 31), by Dr. James Whittaker, the following occurs:

"It is indeed a fatal mistake to administer digitalis while the heart is still adequate to the work of compensation. Neither uræmia nor albuminuria, of necessity, calls for digitalis. Dropsy is, in general, the best indication, because dropsy indicates inadequate compensation on the part of the heart, which is also, and often in the absence of dropsy, manifest in the condition of the pulse. Other symptoms of Bright's disease are infinitely better treated by appeal to the skin, wherein prolonged hot baths outrank all other remedies.

"When the heart has fully responded to digitalis, and its further administration is contraindicated by the state of the pulse, tonic effects are best sustained by arsenic and iron; and when, finally, the heart no longer responds to digitalis, resort must be had for relief of symptoms to alcohol and morphia. But this day may be long delayed by a vigilant supervision of the heart, which, next to the secretion directly from the kidneys, most distinctly gauges the stage of the disease."

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**Cocaine in Mercurial Stomatitis.**

In the *Monatsch. f. pr. Dermat.*, 1886, No. 6, Dr. Max Rockhart recommended cocaine against the painful swelling of the gums, the tongue, and the parotis and neighborhood, all signs that frequently accompany salivation and greatly disturb nutrition.

B. employed with decided success a 10 to 20 per cent. solution of cocaine, which is applied with a camel's hair brush a few minutes before a meal. In mild cases a 5 per cent. solution seemed to suffice. In all cases the improvement was very rapid, and the patients felt much better and could swallow easier.

Immediately after the application the brush must be disinfected in diluted carbolic acid, as the bacteria contained in the buccal cavity greatly reduce the usefulness of the cocaine solution, which is decomposed.

Should further observations prove the reliability of cocaine in these cases, it would be a boon to all patients who have to undergo a thorough mercurial treatment on account of constitutional lues.

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**A Fungus Developed in the Human Saliva.**

M. Galippe made known the following facts at a recent meeting of the Paris Academy of Medicine. After having purified saliva by means of Pasteur's filter, M. Galippe observed, at the lower extremity of the filter, which was not in contact with the fluid, a fungus composed of tubes and spores of mycelium. Following the advice of Professor Cornu, M. Galippe cultivated this fungus in the cells of Van Tieghem, and observed that the fungus was neither an *Aspergillus* nor a *Penicillium*. This fungus, which had neither been described nor represented, belongs to the Moniliæ family. M. Galippe proposed to give it the name of *Moniliæ sputicola*. M. Charcot repeated these statements at the Academy of Sciences, in the name of M. Galippe.

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**Drunkard's Epilepsy.**

The *Med. News* (July 31) tells us that in view of Magnin's assertion that in France the frequent cases of epilepsy occurring in drunkards are due, not to alcohol but to absinthe, Moeli has reviewed the German statistics of the subject, which may be thus summarized:

In Germany, 36 to 40 per cent. of the subjects of delirium tremens are also victims of epileptic attacks. An attempt to determine whether the occurrence of such attacks was correlated with the abuse of any special kind of distilled liquor was unsuccessful, but it was found that in twenty-six almost exclusively beer and wine drunkards only one was epileptic.

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**Corrosive Sublimate in Surgery.**

In concluding a paper in *The Fort Wayne Journal of Med. Sci.*, Dr. J. G. Buchanan formulates as follows: 1st, that extreme caution should be observed if sublimate solutions are used on granulating surfaces, particularly cavities, the peritoneal surface and the parturient canal; 2d, that when large surfaces are to be irrigated, the strength be not greater than 1 to 4000 or 5000; 3d, that, in all important cases, to secure perfect solution, the sublimate be first dissolved in alcohol, and this diluted with water, or, when this is not practicable, to have the solution

strained; 4th, it should be added that it has been noticed that nephritis and anæmia predispose patients to poisoning by corrosive sublimate.

**Exudative Retinitis in Bright's Disease.**

Dr. E. Gruening, of New York, told a recent meeting of the Ophthalmological Society that he had collected over one hundred cases of this affection, and he found that none of them had lived over two years after the diagnosis of retinitis albuminurica had been made. In this class of cases he has included only those in which the typical stellate changes were seen in the maculæ of both eyes. He lately had seen this appearance in the macula of one eye in a patient who presents no evidence of Bright's disease. This was the first time he had seen this exquisite change without signs of renal disease.

## CORRESPONDENCE.

### A Case of Disease.

(*Concluded from page* 187.)

For a moment I was carried away by these thoughts. Salicylic acid, carbolic acid, corrosive sublimate (an old acquaintance), and a host of new, partially tested remedies, pressed their claims for employment; not because of proved utility, but that "they are much used in the hospitals," that "they are all the rage in Philadelphia," that "Dr. Koch has proved that all diseases are caused by germs, and therefore all remedies should be germicides." Then, too, "blood-poison," that term so convenient to give as a cause of death, when we have been groping in the dark, wholly ignorant of the disease we have failed to cure, presented itself, and I was the nearest thing possible to being led astray by these fine phrases, so often seen in medical journals and heard from the lips of my young friends, who keep me "posted" on the changes which follow each other so rapidly now, when a shriek from my patient brought me again to a consideration of her situation and to a conviction that I was confronted with a disease of the brain or its membranes—I certainly did not know which, for I have never yet heard of any symptom by which in the early stage the one is distinguished from the other. Nor did I care, so far as treatment was concerned; not that the case was a light one, for it was to me one of the most severe I had ever seen in one so young. The responsibility weighed heavily upon me, because I was not confident of the proper course to pursue, and because fifty years ago I had a case much resembling this, but being young in practice, relied on *medicine* for the arrest of the disease, and my patient died as speedily as did Dr. Wilson's.

As the preponderance of symptoms seemed to point to brain disease, the question arose, how shall I treat it? When asked by parents, in such a case, "What is the matter?" it is easy to say it is an "affection of the brain," while, at the same time, we fail to see clearly what is going on there, and what further will take place if its progress be not arrested. We ought to know exactly what is meant by inflammation of the brain, or of its membranes, and be prompt to use the proper means to check the disordered process, or we shall prescribe in vain. We all know what large vessels carry blood to the brain, and that the pia mater seems but a mesh of small blood vessels. From some cause a congestion has taken place, the blood in the arteries is driven up against the congested part, but being unable to clear the passage, more and more of the small arteries become blocked, and thus the congestion spreads to more and more of the brain, or its membranes, and this congestion results in inflammation. Is not every inflammation produced in that way?

My patient had been ill twenty-two hours; it had been seventeen hours since I was called; my practice had been trifling; apparently useless, but not careless or indifferent. The impulse was to give sulph. morph. to allay the severe pain, but I feared to do this lest it might afterward be difficult to distinguish its effects from the dullness produced by the disease. There she lay before me, pale as death, her eyes closed against the light, moaning and occasionally crying aloud; her pulse disturbed and apparently weak, with but little increase in frequency. The operations inside the skull then seemed clear to me. The area of distended and obstructed vessels was increasing, and the irritation in the parts first obstructed becoming more intense, and no *medicine* in our almost endless catalogue which can with certainty unload the blocked vessels. It was to me a moment of supreme anxiety. My determination was taken, and her arm "tied up" without resistance from her, indeed without her noticing it, and eight ounces of blood were drawn, when the pulse became still more indistinct, and on calling her, she was evidently duller than before. The parents thought they saw a change for the worse, and we had bustle, confusion and crying, up

stairs and down. How intensely anxious I was, and how needful it was to exhibit composure, need not be told. The precaution had been taken to elevate her head by pillows before bleeding her; the removal of them and sprinkling her face with cold water revived her. In an hour she was better than before the bleeding. A bladder of ice and water was placed on the pillow for the upper part of the neck and the back part of the head to lie upon, while another was placed on the top of the head. Saw her again at 9 a. m.; pulse a little firmer than before she was bled. Ice to be continued; lemonade to be given as drink, if any can be retained; for, until she was bled, she had not been able to retain any fluid for a single minute, and this was the principal reason of my doubt as to the seat of the primary affection, whether in the brain or stomach. Saw her next day at 8 a. m. Those about her thought her "a little better." Pulse 80, and more distinct, and the face red, though, until she was bled, it had been very pale. Since the bleeding she has taken drink freely without vomiting, though before, from the onset of the disease until six o'clock p. m. yesterday, when bled, she had vomited every spoonful of water or whatever else had been given her. This fact made the case plain to me. I then knew that the cause of the disorder of stomach was in the brain, and that the bleeding had partially relieved the latter organ; enough, indeed, to allow proper innervation to the stomach: but the pain was still present in the forehead to a degree that caused her to say—after the ice had been removed for only a short time—"put on the ice, or I shall go crazy." The ice was applied, and 5 grs. calomel given, to be followed by epsom salts in lemonade. A messenger was sent to Norristown for a leecher, and with directions to ask my nephew, Dr. E. M. Corson, to be with me at 2 p. m. I longed for some one to whom I might talk about the case, to advise me, even if I should not be willing to act on his counsel. We were there at the time fixed; the bowels had been moved, she answered questions better, the face was slightly red, pulse discouraging to my consultant because of its apparent weakness, but yet he seemed willing to bear part of the responsibility of drawing blood by leeches. It was due to him that I should give reasons for drawing more blood from one whose pulse was apparently so weak and whose face was so pale. I said, "Two days ago this child was well, now she has pain in the head because of congestion and commencing inflammation inside of the skull—it is hard for me to say whether in the brain substance or in the meninges; most likely the latter." He smiled affably at this confession of ignorance, of which a graduate of yesterday would be ashamed. I resumed, "Professor George B. Wood, whose graphic and accurate descriptions of the symptoms of diseases have furnished to authors on 'Medical Diagnosis' nearly their whole stock in trade, and which they have appropriated without acknowledgment in speaking of cerebritis, says: 'From meningitis, the disease, as already described, is distinguished by a very uncertain line.' . . . . . 'Very frequently the symptoms are so intermingled that a positive decision is impossible, and the physician must be guided by probabilities alone in the forming of his opinion.'" I added, while it was doubtful to me at first whether the primary affection was in the stomach or in the brain, I now *know* that it was in the latter, because since the bloodletting and the ice partially relieved the brain, the stomach rejects nothing. Many physicians in cases of cholera infantum have labored in vain to arrest vomiting by remedies applied to the stomach, but when applications of ice, or ice water by affusion, or leeches, or blisters, were made to the head, the vomiting and even the diarrhœa sometimes soon ceased. So now, as I know this is a congestion somewhere in the head—for practical purposes it makes little difference where—which will pass rapidly into inflammation if not arrested; and as I have no fear of debility, and know with Dr. Wood that, "if the pulse were the sole guide, so little excited and so weak is it in many instances that stimulants rather than depletion might be deemed necessary," I therefore disregard this weak pulse, and the leeches must go on. Three large Italian leeches were applied at each temple. They drew blood copiously. The wounds bled freely for an hour, then pressure was applied to stop the flow. Visit at 6 p. m., two of the wounds have oozed freely since 4 p. m. The cloths on that side of the neck are very bloody. Her face is paler than before the leeching, but she has less pain in the head; at least she is a little brighter. Directed $\frac{1}{12}$ gr. sulph. morph. and 5 grs. bro. pot. every 3 hours through the night if needed to procure rest, and a bladder of ice and water laid under the head and one on the top of the head.

14th, 9 a. m. Pulse 80, soft, and more distinct; child pretty comfortable, but the pain in the forehead still pretty bad; has slept some, has had no food at all thus far; applied a blister plaster to the whole forehead;

morph. and bro. pot. continued if needed; urinates freely.

15th, 9 a. m. Blister acted well. Pain in forehead much better. Omit medicine, continue ice; pulse 88; more heat of skin. Bro. pot. and morph. resumed, to relieve restlessness.

16th. 9 a. m. Pulse 84; appears comfortable. Here let me call attention to the fact that until now—a period of 104 hours—she has had no food. We offered her none. Why? We were combating an acute inflammatory disease of the brain, we believed the stomach was rejecting even water. We were not, as is now very common, stuffing the patient with food, *in the early stage*, in order that it might be made strong to bear the more advanced stages, but were so acting as to cut short the disease in its first stage, so as to avert the fatal advanced stage. This same mode of forcing food on pneumonia patients is in high repute with those who trust to the "new medicines" in that disease. They stuff the patient from the beginning, so that he may be strengthened to bear the last stage—a stage which he escapes by dying before it arrives. To a patient suffering with *any* severe inflammation, food is nauseous for many days—never needed—always useless, if not positively injurious. After the first few days it can be tolerated, even if not craved; then I allow it. So now in her fourth day of illness I direct milk to be taken occasionally. She went right on to improve; convalesced rapidly without stimulants; and on the 27th I left her well and happy, with no advanced stage confronting her.

HIRAM CORSON, M. D.

*Conshohocken, Pa.*

## NEWS AND MISCELLANY.

### American Dermatological Association.

The tenth annual meeting will be held at the Indian Harbor Hotel, Greenwich, Ct., August 25, 26, and 27.

PROGRAMME.

*First Day, August* 25.

Business meeting (with closed doors) at 9:30 a. m.

Report of Council.

Appointment of Nominating and Auditing Committees.

Proposals for Active and Honorary Membership.

Miscellaneous Business.

*Morning Session at* 10 *A. M.*

Address by the President, Dr. Edward Wigglesworth.

1. Report of a Case of Lymphadenoma (Mycosis fongoide) and Autopsy, by Dr. G. H. Fox.

2. Note relative to the Bullous Eruption Occurring after Ingestion of Iodine Compounds, by Dr. J. N. Hyde.

3. Erythanthema Syphiliticum, by Dr. E. B. Bronson.

4. "Rötheln," by Dr. I. E. Atkinson.

Adjournment at 1:30 p. m.

*Evening Session at* 8 *P. M.*

5. Precocious Gummata, by Dr. R. W. Taylor.

6. Clinical Notes on Scabies, by Dr. F. B. Greenough.

7. Clinical Observations regarding the Value of Resorcin, Icthyol, and Lanolin in Cutaneous Diseases, by Dr. H. W. Stelwagon.

8. Trophoneurosis of the Skin, by Dr. G. H. Tilden.

Adjournment at 10 p. m.

*Second Day, August* 26.

Business meeting (with closed doors) at 9:30 a. m.

Report of the Treasurer and Auditing Committee.

Report of the Nominating Committee and Election of Officers.

Election of Active and Honorary Members.

Selection of time and place of next meeting.

Miscellaneous Business.

*Morning Session at* 10:30 *A. M.*

Report of the Committee on Statistics.

9. Native Plants Injurious to the Skin, by Dr. J. C. White.

10. Report of Two Cases of Dermatitis Herpetiformis, by Dr. A. Van Harlingen.

11. A Few Additional Notes on Psoriasis, by Dr. F. B. Greenough.

12. Report of a Case of Exfoliative Dermatitis, by Dr. W. A. Hardaway.

Adjournment at 1:30 p. m.

*Evening Session at* 8 *P. M.*

18. A Clinical Study of Scleroderma, by Dr. J. E. Graham.

14. A Case of Carcinoma Cutis, by Dr. L. N. Denslow.

15. Keratosis Follicularis, by Dr. P. A. Morrow.

16. Surgical and Obstetrical Scarlatina, by Dr. I. E. Atkinson.

Adjournment at 10 p. m.

*Third Day, August* 27, *Morning Session at* 10 *A. M.*

17. Notes on Drugs, by Dr. H. G. Piffard.

18. Cartilaginous Tumors of the Skin, by Dr. A. R. Robinson.

19. Remarks and Queries on and as to Relative Frequency of Moles and their Pathological Changes on the Head and Face, by Dr. S. Sherwell.

20. An Unusual Form of Tuberculosis of the Skin, by Dr. G. H. Tilden.

Retirement of old and induction of newly elected officers.

Adjournment at 1 p. m.

P. O. address of the place of meeting: Indian Harbor Hotel, Greenwich, Ct. Trains leave New York for Greenwich, Grand Central Station, 42d St., at 9:17, 10:05 a. m., 12:00 m., 3:02 [4:00, 4:45, 5:40] p. m.

The trains in brackets are express trains.

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**American Otological Society.**

At the nineteeth annual meeting of this society, held at New London, Conn., July 20, 1886, the following papers were read: "Acute and Chronic Purulent Inflammation of the Middle Ear Tract, and their Complications," by Dr. S. Sexton, of New York. "A new Operation for the Radical Cure of Chronic Purulent Inflammation of the Middle Ear Tract," by Dr. S. Sexton, of New York. "Painless and only Slightly Painful Ulceration of the Membrana Tympani, Probably of a Tubercular Nature," by Dr. A. H. Buck, of New York. "Certain Technical Details Relating to Operations on the Mastoid Process," by Dr. A. H. Buck, of New York. "Fatal Termination of a Case of Sclerosing Mastoiditis after Chiselling of the Bone," by Dr. H. Knapp, of New York. "A Case of Abscess of the Mastoid Cells in which the Chief Indication for Operation was Elevation of Temperature," by Dr. O. D. Pomeroy, of New York. "On two Cases of Chronic Purulent Inflammation of the Attic of the Tympanum, with Perforation of the Membrana Flaccida, Treated with Peroxide of Hydrogen," by Dr. Charles H. Burnett, of Philadelphia. "In the Physiology of Hearing is there an Overlapping of each Auditory Field the Same as in Binocular Vision," by Dr. William S. Little, of Philadelphia. "Two Cases of Ear Disease due to Traumatism," by Dr. Gorham Bacon, of New York.

The following were elected

OFFICERS FOR THE ENSUING YEAR:

*President.*—Dr. J. S. Prout, of Brooklyn.

*Vice-President.*—Dr. Samuel Sexton, of New York.

*Secretary and Treasurer.*—Dr. J. J. B. Vermyne, of New Bedford, Mass.

*Committee on Membership.*—Drs. Gorham Bacon, W. S. Little, and E. W. Bartlett.

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**American Ophthalmological Society.**

At the twenty-second annual meeting of this society, held at New London, Conn., July 21st and 22d, the following papers were read: "Pyogenic Micro-organisms, with Demonstrations and Experiments," by Dr. H. Knapp, of New York. "An Analysis of One Hundred Cases of Exudative Retinitis Occurring in the Course of Bright's Disease," by Dr. C. S. Bull, of New York. "Thrombosis and Perivasculitis of the Retinal Vessels," by Dr. George C. Harlan, of Philadelphia. "A New Test Type," by Dr. William S. Dennett, of New York. "The Possible Retardation of Retinitis Pigmentosa in the Young," by Dr. Hasket Derby, Boston. "The Equivalence of Cylindrical and Sphero-cylindrical Lenses," by Dr. Edward Jackson, of Philadelphia. "263 Cases of Cataract Extraction with Particular Reference to the After-treatment," by Dr. George Strawbridge, of Philadelphia. "Cataract Extraction without Iridectomy," by Dr. H. Knapp, of New York. "Report of Fifty Cases of Cataract Extraction," by Dr. David Webster, of New York. "Death of a Patient on the Fifth Day after the Extraction of a Hard Cataract," by Dr. Henry D. Noyes, of New York. "Some Medico-Legal Cases," by Dr. B. Joy Jeffries, of Boston. "A New Series of Loose Wools for the Scientific Detection of Subnormal Color-perception (Color-blindness)," by Dr. Charles A. Oliver, of Philadelphia.

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**Inoculation for Yellow Fever.**

The *Brit. Med. Jour.* says that the modern expedient for settling knotty points in science is to appoint a commission; success, it is true, has not uniformly attended this method, and the reports, if not polemical, are generally colorless. Yellow fever is the disease which is now to be investigated in this way. A few years ago Dr. Domingos Freire announced that he had prepared a vaccine which preserved the vaccinated from yellow fever; his method of experimenting, however, did not commend itself to the bacteriologists; and M. Rebourgeon, who had been trained in M. Pasteur's laboratory, was sent out to Rio de Janeiro to guide Dr. Freire into the right way. The papers since

published by these two experimenters confirmed the earlier claims, and M. Rebourgeon has returned to Paris to convince the skeptics; he informed the Société de Biologie at its meeting on May 22, that, during the recent epidemic, 6,000 persons had been inoculated, of whom not one suffered from the disease: and that, in seven cases where patients were inoculated while suffering from the disease, recovery took place in every instance. The Society appointed a commission of five, including MM. Brown-Sequard and Cornil, to study the method. In the United States, moreover, the demand for a commission has been backed by the American Medcal Association.

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**Utilizing the Mosquito in Vaccination.**

A curious sort of vaccination has been invented by Dr. Charles Finlay, of Havana, for protection against yellow fever. It has long been supposed that the poison of yellow fever might be conveyed by inoculation, although no one appears to have wished to have the experiment tried on himself; but Dr. Finlay has applied to nature for a lancet more delicate than any human tools, and seems to have succeeded in this way in proproducing a mild form of yellow fever by inoculation directly from a yellew fever patient. The process itself is simple enough. A mosquito is persuaded to bite a person suffering from ordinary yellow fever, and is soon after brought to a healthy person, whom, when his appetite returns, he bites without that previous wiping at the mouth which would be thought desirable in polite society. Without dwelling upon particulars, it is sufficient to say that the yellow fever contagion was found, in six cases out of eleven, to be communicated to the healthy person, who, after the period of incubation had passed, became affected with various symptoms characteristic of yellow fever in a mild form. According to the *Lancet*, Dr. Finlay believes that this mode of inducing a prophylactic variety of yellow fever may be found very valuable in practice.

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**How Far Can One See?**

The *Popular Science News* says that a discussion is going on in Europe concerning the distance at which large objects on the earth's surface may be visible. Emil Metzger mentions that he once saw, with some difficulty, Keizerspickt, in Sumatra, when distant 110 English miles; and he also made out Gug Merapi, in Java, when 180 miles away. From the Piz Muraum, near Dissentis, E. Hill has seen Mont Blanc, the intervening space measuring about 110 miles. J. Starkie Gardner states that Mont Blanc is visible from the Piz Langard, though distant about three degrees. In Greenland, Mr. Whymper beheld a mountain from which he was separated by 150 miles; and from Marseilles, Zuch saw Mount Canigon at a distance of 158 miles. The whole range of the Swiss Alps has been looked upon by J. Hippisley while 200 miles away, while Sir W. Jones has affirmed that the Himalayas have appeared to view from the distance of 224 miles.

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**Electric Light for Laboratory Investigation.**

M. de Lacaze-Duthiers uses, in his Sorbonne laboratory and in his zoölogical stations at Roscoff and Banyuls, an electric lamp constructed by Trouvé, which would also be useful in much chemical, botanical, and mineralogical work. It is composed of a cylindrical glass vessel, beneath which is a mirror of silvered glass. There is a silvered parabolic covering, in the centre of which is suspended an incandescent lamp. The vessel is filled with sea-water containing corals, polyps, sea-worms, and other objects which can be examined by the aid of magnifying glasses, the whole mass being thoroughly illuminated, as in the brilliant experiment of the illuminated fountain. The apparatus can be readily modified for the study of fermentation, and for dissecting, with great ease, nervous filaments of the greatest delicacy, which are hardly visible in the broad light of day. The generator of electricity is Jamin's universal automatic battery, weighing less than three kilogrammes.

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**Media Medical Club.**

The Media (Delaware county) Medical Club held its regular semi-monthly meeting on Friday evening, August 6, at the residence of Dr. H. Stelwagon. Fifteen gentlemen were present, the president, Dr. Stelwagon, in the chair. The subject for special discussion was "The Detection of Oleomargarine from Butter." A sample of oleomargarine and two samples of different grades of butter were passed around and tested by each gentleman present, whose verdict was recorded. There was some diversity of opinion, though the majority were able to properly differentiate the products. It was then suggested that the accuracy of the sense of smell should be tested, and this proved to be the best means of detecting the oleomargarine, for only one of those present failed in

making a correct diagnosis. The genuine butter had a "buttery" smell, while the oleomargarine was devoid of odor, or at the best, had a smell of "grease." After a musical entertainment by Dr. Dickerson, the club adjourned.

### Purity of Drinking Water.

The *Chemist and Druggist* says it is often required to give a quick indication of the freedom, or otherwise, of water from organic products. The rough and ready permanganate test cannot be relied upon. Most organic bodies, that is those containing nitrogen, are converted into ammonia, which is ultimately oxidized into nitrous and nitric acids. The detection of nitrous acid, therefore, is important, since its presence is sufficient to condemn any water for domestic purposes. Mr. C. C. Howard has suggested a ready test, which is as follows: Into a test-glass place some of the water (not more than 50 c.c. or ℥iss.), and add a drop of hydrochloric acid, then a drop of sulphuric acid, and one of a solution of naphthylamine hydrochloride. If the water does not contain more than 1 in 100,000,000, after standing for ten minutes it should not show more than the faintest tint of pink color.

### Wild Beasts and Snakes in India.

During the past year, wild beasts and snakes have been unusually destructive to human life in the central provinces of India, there having been an increase of 262 in the number of persons killed, as compared with the preceding year. Of wild beasts, tigers, of course, were the most destructive, their victims numbering 110, against 98 in 1884, while the number of tigers killed was only 221, against 260. The deaths from snake-bite last year amounted to 1,066, against 797 in 1884, while only 1,997 snakes were killed, as compared with 2,378. In an official note on the subject, it is observed that there has been a "satisfactory increase" in the number of wild animals destroyed; but this increase is due to the larger number of bears, wolves, and hyenas destroyed.

### Thinking and Working.

The *Popular Science News* tells us that in our present system of education—now happily passing away for a better one—we want one man to be always thinking, and another to be always working; and we call the one a gentleman and the other an operative; whereas the workman ought often to be thinking, and the thinker often to be working, and both should be gentlemen in the best sense. As it is, we make both ungentle, the one envying, the other despising, the other; and the mass of society is made up of morbid unhealthy thinkers and miserable workers. It is only by labor that thought can be made happy; and the professions should be liberal, and there should be less pride felt in peculiarity of employment, and more in the excellence of achievement.

### Danger from Umbrellas at Sea.

In these days of electric lighting, one is often in the neighborhood of dynamos, and, however short the time of exposure to their influence, pocket knives, and the steel in watches and umbrella frames, may become powerfully magnetized. On board the *Princess Beatrice*, the helmsman lately observed that the compass was agitated. On examination, he found that the needle was affected by the magnetized steel mounting of a parasol in the hands of a lady who was walking upon the bridge. If the lady had been at rest, so that nothing would have shown the abnormal deviation, the ship might easily have been steered out of its course, and thus been exposed to dangerous accidents.

### Where Male Nurses are Best.

In concluding a lecture on Rectal Fistulæ and Hemorrhoids, in the *Brit. Med. Jour.* (July 24), Dr. Richard Davy says: "Let me give you my own opinion on the very great value of male attendants as nurses in these cases of hemorrhoids in men, or in any case of operation on or near the generative or perineal portion of a man's body. Surgeons are not sufficiently explicit on this point; for such cases need constant cleansing and occasional lifting; and, excellent as women nurses may be as subalterns in easy forms of general surgery, or in cases of their own sex or children, yet commend me to the trained and disciplined service of a male attendant as my non-commissioned officer, in operations such as I have now brought before you.

### Lemonade Tablets.

The following is a German formula:

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| ℞. | Powdered white sugar, | 800 grammes. |
| | Bicarbonate of sodium, | 100 " |
| | Tartaric acid, | 100 " |

To be intimately mixed, flavored with five drops oil of lemon, and made into a mass with two hundred grammes alcohol. The mass is now pressed into any convenient

mould (previously well oiled with melted cacao butter), and dried well in a drying closet. The lozenges must weigh about twenty grammes, which will be sufficient for a tumbler of water. Other flavors may be obtained by substituting the above-mentioned quantity of oil of lemon with two drops of oil neroli, or five drops oil of sweet orange, or two drops attar of rose.

### A Fool Defined.

Erasmus Darwin defined a fool as "a man who never tried an experiment in his life." There is no escape from a definition like this, as there is from such a saying as J. S. Mill's, "Every fool is a conservative." Mill could logically say it did not follow that "every conservative is a fool,"—which, let us hope, gave great comfort to the conservative mind. We cannot, however, say that Erasmus Darwin's definition leaves even one out who never tried an experiment; for a true definition does not err either in excess or in defect. This definition, therefore, asserts that every man who has tried no experiment in his life is a fool, as certainly as it asserts that no fool ever tried an experiment.

### Official List of Changes

OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE UNITED STATES MARINE HOSPITAL SERVICE, FOR THE WEEK ENDED JULY 31, 1886.

Long, W. H., surgeon. Granted leave of absence for fifteen days, July 30, 1886.

Sawtelle, H. W., surgeon. To proceed to Portland, Oregon, and Port Townsend, W. T., as inspector, July 29, 1886.

Devan, S. C., passed assistant surgeon. Granted leave of absence for ten days, July 26, 1886.

Fattic, J. B., assistant surgeon. Granted leave of absence for twenty-nine days, July 26, 1886.

### Lead Pencils.

Even as late as the sixteenth century chiefly pencils made from lead and tin were used for marking or writing, and deserving more properly the appellation of "lead" pencils than what we now call so. Conrad Gessner called attention in 1565 to the use of black-lead for writing purposes, but still in 1667 black-lead was so little known that it did not even have a Latin name, until Merret proposed to call it *Nigrica fabrilis*. Already in 1683 the black-lead pencils were encased in cedar or pine wood.

### The Sequel of Two Great Operations.

At a recent meeting of the Basle Medical Society, Professor Socin, of Basle, showed the stomach from a woman in whom he had performed first, resection of the pylorus, and, subsequently, a year later, gastro-enterostomy. The patient died, from return of malignant disease, eighteen months after the second operation.

### Items.

—A cigar contains acetic, carbolic, formic, butyric, valeric, prussic, and propionic acids, also creasote, ammonia, sulphuretted hydrogen, pyridine, viridine, picoline, and rubidene, to say nothing of cabbagine and burdockic acid. That's why you can't get a good one for less than five cents.

—"I say, Gov'ner, how do yer sell ammunition?" "What's up, then? Are you going to enlist as a soldier?" "No; that's what my girl told me to get for the baby; it is sold in boxes." "Is it fuller's earth or violet powder? How are you going to use it?" "If you give me the world I couldn't tell you." "Was it magnesia?" "Hi, that's it; I am glad you thought of that. Well, there is no difference, is there? Give us a penn-'orth."

—An explosion of nitro-glycerine occurred recently in the mixing house of a dynamite factory in New Jersey, whereby ten men lost their lives. Only little bits of their bodies were afterward found. The woodwork of the house was mostly reduced to fine powder, and small craters in the earth marked points where most of the nitro-glycerine is supposed to have been. The explosive force of this compound seems almost incredible to those who have never witnessed its effects.

### OBITUARY NOTICE.

ELI E. BATEMAN, M. D.

At Cedarville, N. J., on Friday, July 23, Dr. Eli E. Bateman died, aged 80 years and 9 months. All of Dr. Bateman's life was passed in the place where he died, except the period occupied in obtaining his education. He was graduated M. D. from the University of Pennsylvania in the class of 1832. Commencing practice immediately in his native place, he encountered the Asiatic cholera, as it then prevailed. In all the years that followed, he was held in high esteem as a skilful practitioner and a courteous Christian gentleman. He was interred in the grounds of the First Presbyterian Church, with which he had long been connected.